

Denbighshire County Council



ANNUAL REPORT

on the

Health of Denbighshire

for the

YEAR 1972

M. T. ISLWYN JONES, M.D., D.P.H.

County Medical Officer

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COMMITTEES

Health Committee :

Chairman : Alderman Dr. I. H. Davies, O.B.E., K.St.J.,
M.Sc.(Hon.), M.B., Ch.B.

Vice-Chairman :

Councillor J. G. Lindsay

Health Standing Sub-Committee :

Chairman : Alderman T. Jones

Vice-Chairman :

Councillor J. G. Lindsay

Members of the Health Committee :

Mr. R. Arthur	Mrs. V. M. Naylor*	
Mr. E. Davies*	Mr. J. E. B. Owen	
Mr. G. Davies	Mr. J. H. Owen	
Mr. W. E. Davies	Mr. G. H. Parry*	
Mrs. Dorothy Dodd*	Mr. Ernest Price	
Mr. W. R. Evans	Mr. George Richards*	
Mr. John Griffiths*	Mr. Edward Roberts*	
Mr. J. R. Hughes*	Mr. Ernest Roberts	
Mr. A. J. Jenkins	Mr. R. E. Rowlands	
Mr. A. E. Jones*	Mr. G. H. Ryden*	
Mr. Frank Jones	Mr. J. H. Tapley	
Mr. J. W. Jones	Mrs. H. Targett	
Mr. W. N. Jones	<table border="1" data-bbox="568 1193 930 1241"><tr><td>Mr. W. E. Thomas</td></tr></table>	Mr. W. E. Thomas
Mr. W. E. Thomas		
Mr. W. R. Jones	Mr. W. R. Thomas	
Mr. E. D. Lloyd*	Mr. H. A. Thompson	
Mrs. Marion Lyons	Mr. Ivan Tuxford*	
Mr. P. H. Meadows	Mr. Edward Williams*	
Mr. T. E. MacDonald	Mr. R. H. Williams	
Mr. J. I. McCarthy	Mr. Thomas Williams	

Dr. P. Powell (representing Clwyd & Deeside Hospital Management Committee)

Mr. H. O. Tunnah (representing Wrexham, Powys and Mawddach Hospital Management Committee).

* also members of the Health Standing Sub-Committee

STAFF OF THE HEALTH DEPARTMENT

County Medical Officer of Health and Principal School Medical Officer :

M. T. Islwyn Jones, M.D., B.S. D.P.H. (Lond.), F.F.C.M.,
M.R.C.S., L.R.C.P.

Deputy County Medical Officer of Health and Deputy Principal School Medical Officer :

A. L. J. Williams, M.B., B.S., A.K.C., D.R.C.O.G., D.P.H.

District Medical Officers/Medical Officers in Department :

A. Griffith, M.B., Ch.B., D.P.H.

F. P. Peach, M.B., Ch.B., D.P.H. (Medical Officer in Senior Post)

J. G. M. Williams, M.B., Ch.B., D.P.H.

Medical Officer in Senior Post :

K. Dalzell, M.B., Ch.B.

Medical Officers in Department (full-time) :

A. Benjamin, M.B., Ch.B.

C. G. M. Dillon, M.B., B.Ch., B.Sc.

A. M. Valle, L.R.C.P., L.R.C.S., L.R.F.P.S., D.(Obst.), R.C.O.G.

D. Lloyd Williams, L.R.C.S., L.R.C.P., L.R.C.S.P.

Consultant Staff :

Chest Service :

R. W. Biagi, M.B.E., M.B., Ch.B., M.R.C.P.

N. G. Hodges, M.B., B.Ch., M.R.C.P.

E. C. Jones, M.B., B.S., M.R.C.S., L.R.C.P.

J. B. Morrison, M.D., B.Sc.

Geriatric Service :

J. Arnold, M.D., Ch.B., D.C.H.

E. Griffiths, F.R.C.S., M.B., B.S., L.R.C.P.

Paediatric Service :

E. G. G. Roberts, B.Sc., M.B., B.Ch., M.R.C.P., M.R.C.S., L.R.C.P.,
D.C.H.

M. M. McLean, M.D., F.R.C.P., D.C.H.

Child Guidance Service :

E. Simmons, M.D., L.R.C.P., L.R.C.S.

County Ophthalmologists (part-time)

M. R. Hughes, M.B., Ch.B., D.O.M.S.

County Dental Service :

Principal Dental Officer :

D. R. Pearse, B.D.S.

Area Dental Officer :

J. P. Reid, L.D.S., R.F.P.S. (Glasgow)

Dental Officers :

J. Jones, L.D.S., R.C.S.

R. H. N. Osmond, L.D.S., R.C.S., (part-time)

Miss M. F. Swan, B.D.Sc., D.O.O. (R.C.P.S.) (from 7.2.72)

County Orthodontist (part-time)

B. T. Broadbent, F.D.S., B.D.S.

Dental Auxiliaries :

Miss S. A. Bright

Mrs. D. Lloyd

Miss A. E. Williams

Mrs. M. I. Croydon (from 29.8.72)

Dental Surgery Assistants :

8 full-time and 1 part-time

County Public Health Officers :

D. D. Button, M.A.P.H.A., A.R.S.H.

Assistant County Public Health Officer :

A. E. Lewis, D.M.A., M.A.P.H.I.

Food and Drugs Chief Inspector :

D. H. Owens

Director of Nursing Services :

Miss A. Large, S.R.N., S.C.M., Q.N., H.V.Cert.

Area Nursing Officers :

Miss W. M. Tagg, S.R.N., S.C.M., H.V.Cert.

Mrs. E. C. Parrish, S.R.N., S.C.M., Q.N., H.V.Cert.

Mr. L. Roberts, S.R.N., Q.N., H.V.Cert.

Nursing Officers :

Miss J. Gilbert, S.R.N., S.C.M., Q.N., H.V.Cert. (*from 1.5.72*)

Miss E. L. Jones S.R.N., H.V.Cert. (*from 1.10.72*)

Miss M. E. Roberts, S.R.N., S.C.M., H.V.Cert. (*from 1.10.72*)

Health Visitors	....	....	....	....	....	35
Tuberculosis Visitors	....	....	....	....	....	1
Home Nurses and Midwives (full and part-time)	....	....	....	....	....	82
Ancillary Staff	....	....	....	....	....	19
Student Health Visitors	....	....	....	....	....	2

Speech Therapy Service :

Senior Speech Therapist :

Miss J. Bellis, L.C.S.T., L.G.S.M., I.P.A.

Speech Therapists :

Mrs. G. Edwards, L.C.S.T., I.P.A.

Mrs. D. Fitzsimmons, L.C.S.T., (part-time)

Mrs. E. J. Merrett, L.C.S.T. (part-time)

Clinical Audiologist :

Miss V. Reeves

County Ambulance Officer :

E. Evans Hughes

Deputy County Ambulance Officer :

E. Wright

Chiropody Service :

Senior Chiropodists, 5

Administration :

Chief Administrative Assistant :

G. L. Britton, D.P.A., A.R.S.H.,

Senior Administrative Assistant :

G. Davies

Yr Ad-drefnu'r Gwasanaeth Iechyd

Yn ystod y flwyddyn â aeth heibio cynydd cyson fu'n hanes y gwaith ynglŷn ag ad-drefnu'r Gwasanaeth Iechyd — a dal i gynyddu a wnaiff yn y dyfodol. Syrthiodd y rhan helaeth o'r gwaeth ar fy ysgwyddau, ond yn ffodus 'roedd yn bosib dirprwyo cyfran i aelodau profiadol o'r staff. Daw llif cyson o gyhoeddiadau swyddogol a rhaid eu hastudio a pharatoi adroddiadau ac awgrymiadau.

Yn Awst 1972, cyhoeddwyd y Papur Gwyn ar yr ad-drefnu, ac yn fuan wedyn y Mesur Ad-drefnu'r Gwasanaeth Iechyd sydd ar y foment ar lawr y Tŷ.

Ar y 1af o Ebrill, 1974, cymrir y gwahanol wasanaethau sydd ar y pryd yn gyfrifoldeb y Pwyllgor Ysbytai, Adran Iechyd y Cyngor Sir, a'r Cyngor Gweithredol sy'n gyfrifol am wasanaethau'r meddygon teulu, drosodd gan yr Awdurdod newydd — Yr Awdurdod Iechyd Ardal. Awgrymi'r un Awdurdod Iechyd Ardal i Siroedd Dinbych a Fflint gyda'r ffiniau yn cyd-redeg â Chyngor Clwyd. Dechreuwyd yn barod ar y dasg enfawr o osod seiliau'r Awdurdod newydd gan wahanol bwyllgorau a grwpiau astudio.

Canolfanau Iechyd a Chlinig

Mewn Adroddiad blaenorol sylwais ar y drafferth i gael canolfan iechyd yn y Sir, hyn yn bennaf oherwydd y methiant i gael cydweithrediad y Cyngor Gweithredol. Erbyn hyn, yswaith, daethpwyd i ddealldwrdwriaeth. Cytunwyd i Ganolfanau yn Gresford a Llai. Cytunodd y Swyddfa Cymreig i godi canolfanau iechyd plant yn Acton, Coedpoeth a Rhostyllen. Yn barod gwelwyd ddechrau'r adeiladu yng Nghoedpoeth a hyderi'r gweld ddechrau ar y gweddill cyn diwedd y flwyddyn.

Unedau Gwasanaeth Iechyd Cymdeithasol

Soniais yn fy Adroddiad 1971 am yr Unedau hyn, canlyniad cydweithredu llwyr rhwng y meddygon teuluol a'r Adran Iechyd. Pleser yw sylwi bod y patrwm a sefydlwyd yn Abergele a Wrecsam i'w ymestyn a bod genym seiliau cadarn i sefydlu unedau pellach.

Babanod Dolurus

Yn ddiweddar, sylweddolwydd bod y broblem o fabanod sy'n cael eu cernodio yn llawer mwy niferus nag a tybid. Awgrymwyd bod tynnu allan gynllun i sicrhau cydweithrediad yn oll o'r gwasanaethau. Astud-iwyd amryw gynllyniau a phenderfynu ar foddion pendant — profwyd hwn yn Ardal Wrecsam ac wedi ei gael yn foddhaol ei estyn i weddill y Sir. Rhaid datgan fy niolch arbennig i Dr. E. G. G. Roberts, Dr. M. M. McLean a Dr. H. Watkin James am eu cymorth.

Gwasanaeth Nyrsio

Cyhoeddwyd Adroddiad Pwyllgor Yr Athro Asa Briggs. Bydd iw awgrymiadau, o'u derbyn, resymoli'r fframwaith a gweinyddiad y proffesiwn nyrsio.

Fel canlyniad i argymhellion Adroddiad Mayston apwyntiwyd tri swyddog ychwanegol. Bwriedir apwyntio tri arall yn ystod 1973 ac felly cwblhau'r sefydliad erbyn y trosglwydd i'r Awdurdod Iechyd Ardal yn 1974. Bu i Miss Large ymddeol o'i swydd fel Cyfarddwyddwr y Gwasanaeth ddiwedd Mawrth 1973. Diolchaf iddi yn gynnes am bob cymorth a theyrngarwch ac am wasanaeth gwerthfawr.

Adran y Gwasanaethau Cymdeithasol

Yn ystod y flwyddyn tyfu ac ehangu fu'r cydweithio a'r cyd-ddeall-dwriaeth rhwng yr Adran Iechyd a Adran y Gwasanaethau Cymdeithasol. Ni all ond daioni ddeillio o hyn.

Cydnabyddiaeth

Fel arfer, pleser yw datgan fy niolch i'r staff am eu teyrngarwch drwy gydol y flwyddyn. Diolch i'r Henadur, y Meddyg Ifor H. Davies, a'r Henadur Thomas Jones am eu diddordeb personol yng ngwaith yr Adran Iechyd, ac am eu cefnogaeth yn ystod y flwyddyn. Blin yw cofnodi marwolaeth dau a fu a chysylltiad agos a'r Adran Iechyd — Yr Henadur W. E. Thomas a'r Cynghorydd J. G. Lindsay. Bydd colled ar eu hol.

FOREWORD

Since presenting my first Annual Report on the health of Denbighshire, it has been my pleasure on most occasions to record some new development or a further extension of the Local Health Authority Services. It has also been my duty to indicate modifications of or suggest radical changes to our Services which were necessary to meet the changing needs of the inhabitants of Denbighshire. Our success in this respect has been due to the good relationships between the elected representatives of the people and officers of statutory authorities and also the co-operation between voluntary organisations and members of the public with the staff of the Health Department. Undoubtedly, there can hardly be a single, permanent family in Denbighshire with whom the Health Department has not made contact or visited at one time or another. It is, therefore, gratifying to realise that members of the public only very rarely fail to co-operate wholeheartedly with the Health Department. This understanding, trust and regard has been steadily built up over the years and certainly it accounts for the felicitous relationships that ensure resources are used to the best advantage and where they are most needed.

In 1950, the Health Committee met quarterly and very often the entire meeting was over in some fifteen minutes. Some years later, a Standing Health Sub-Committee was established and in due course it was arranged for this to meet twice each quarter. In addition, there were the four District Health Committees which also met quarterly. The District Committees have no delegated functions but although officially toothless they have always been able to bark furiously and invariably they knew precisely when to do so. Opinions have varied as to their usefulness but in my estimation they have served as a most valuable sounding board, keeping the local communities informed and ensuring that their needs were made known to me and to the staff of the Health Department. The local knowledge and influence of the Councillors on the District Health Committees have been of great help in resolving many problems in a quiet and unpublicised but, nevertheless, a most effective manner. Indeed, many individual difficulties and problems have been expeditiously settled in a confidential discussion following the meeting and on many occasions I have received invaluable advice from a local councillor which has enabled me to amend or rectify some local situation which otherwise might have developed into a major problem. Their intimate knowledge and understanding of local needs continue to surprise me. These District Health Committees have functioned in relationship to the Local Health Authority in a manner similar to that in which it is envisaged the Community Health Councils will function in respect of the Area Health Authority. It is hoped that the proposed association will be as effective as the District Committees have been.

During the past year, reorganisation took a substantial amount of staff time and obviously will do so increasingly. Inevitably, much of the load

has fallen initially upon my shoulders but fortunately it has been possible to delegate responsibilities to senior staff who have readily shared the burden. The steady flow of official publications is now in full spate and these have to be critically reviewed and recommendations submitted in various quarters.

Personally, I am involved in discussions at :

- (a) The County Councils' Association Health Committee as one of the Health Advisers representing the County Medical Officers' Association;
- (b) The Welsh Office Consultative Medical Panel representing the Medical Officers of Health, Wales;
- (c) The B.M.A., as Chairman of the West Denbighshire and Flintshire Division;
- (d) The Joint Liaison Committee — Clwyd Area Health Authority.

Dr. F. P. Peach, Medical Officer of Health, Colwyn Bay, has acted as :

- (i) Medical Adviser to the Association of Municipal Corporations as representative of the Medical Officers of Health;
- (ii) On the Public Health Medical Officers' Committee, for Wales (Chairman 1971/72);
- (iii) As a Member of the Regional Medical Manpower Committee (Wales) representing Community Medicine.

Miss W. M. Tagg, on the Council for the Education and Training of Health Visitors and as member of the Wrexham, Powys and Mawddach Hospital Management Committee.

Mr. G. Britton, on the Health Services Staff Committee as Chairman.

During the year, the Welsh Management Steering Committee Study Group selected Clwyd as one area for consultation prior to finalising their Report. The Steering Committee Report was submitted for consideration to the July Health Committee, 1972.

In August, 1972, the White Paper on the Reorganisation of the National Health Service was published and this was followed by The Management Arrangements for the Reorganised Health Services, in September, 1972. These documents led up to the National Health Service Reorganisation Bill which has now been presented to Parliament.

In September, 1972, the Welsh Office asked the National Health Service Authorities in each area to establish Joint Liaison Committees. A Committee for Clwyd was convened with representatives from the Health Authorities on the basis of :

Denbighshire County Council —

2 representatives — Chairman, Health Committee
County Medical Officer

Flintshire County Council —

2 representatives — Deputy Clerk of the Council
County Medical Officer

Clwyd and Deeside H.M.C. —

2 representatives — Chairman and Secretary of Hospital Management Committee

Wrexham, Powys and Mawddach H.M.C. —

2 representatives — Chairman and Secretary of Hospital Management Committee

Executive Council, Denbighshire and Flintshire —

2 representatives — Chairman and Clerk of the Executive Council

An Officer Advisory Committee was established and this set up a series of Working Groups to collate and analyse information preparatory to the Unification of the Reorganised Health Services. These activities impinge substantially on the present organisation but, unfortunately, leave the ultimate administrative structure in a nebulous state. Whatever the merits or demerits of reorganisation, it must be appreciated that the present state of uncertainty is having a destructive influence on the present Health Services. Undoubtedly, the Local Health Authority Services are subjected to the main impact of change, but fortunately most County Councils are endeavouring to maintain standards so that these services will be transferred to the Area Health Authority as cohesive and functioning organisations. It must be of concern to all those working within the Local Health Authority that its well-established machinery should be dissolved and replaced by a managerial system which although admirable for the cut and thrust of big business, is untried, and which also seems far removed from the requirements of the Health Service in which the primary objective is the maintenance and improvement of the individual's health rather than a satisfactory financial accountability. It is to be hoped that the constant emphasis on managerial efficiency will not depersonalise the Health Service. Monetary monitoring by a computer and automation must not be allowed to dominate the Reorganised Health Service otherwise the staff upon whose kindness and humanity so much depends, will also lose a fundamental ingredient of medical care.

Statistics

(a) *Measles.* The epidemic of measles continued into 1972 having migrated from West to East Denbighshire. Its prevalence interfered with the programme of immunisation.

(b) *Influenza* The influenza epidemic which commenced in mid-December, 1971, reached its peak in the first few weeks of January, 1972. By mid-February, it had abated.

(c) *Infective Hepatitis.* which had been prevalent in Wrexham and Llanrwst during 1970 and 1971 had receded during 1972 and there were only 7 cases notified. However, cases of Dysentery — 40, and Food Poisoning — 95, showed a substantial increase on previous years. These

diseases emphasise the constant need for the maintenance of high standards of hygiene, both in food production, preparation and storage.

Health Centres

In the previous Annual Report attention was drawn to the impasse reached in building Health Centres in Denbighshire due to the decision of the Executive Council not to approve any of the Denbighshire County Council proposals for building Health Centres. Fortunately, the Welsh Office relented and agreed to allow the erection at Coedpoeth of a Child Health Centre. Accordingly, the plans had to be modified, specifications and quantities readjusted and a new tender and contract settled. All this meant additional work for the County Architect and his staff, and I am grateful to them for their co-operation in getting the scheme under way. However, these vacillations have delayed the erection of this Centre by about two years.

Ultimately, the Executive Council approved the Denbighshire County Council's proposal to build Health Centres at Gresford and Llay. The situation at Gresford has been most unsatisfactory for the Clinic has had to move from one rented place to another. The village has grown substantially in recent years and there has been a considerable increase in the number of infants and young children. The merging of Marford and Gresford has also changed the geographical centre of the area. It was, therefore, particularly fortunate that the County Council was able to purchase a large orchard near the centre of this expanding area as otherwise the only alternative would have been a site on the periphery.

The Gresford/Llay Group Practice have already several years experience of collaborating with our staff, for at Llay they occupy our dilapidated Child Welfare Centre — an old wartime day nursery. It is, therefore gratifying to find that these doctors are desirous of working together with us from a Health Centre so that the Community Health Services can become completely integrated. Perhaps it is significant that one member of the Group is already in charge of the Llay Child Health Clinic and also of the Medical Inspection at the Llay Schools.

The tenders for the building of the Gresford Health Centre were received and a contract to commence the work in March, 1973, has been allocated.

Child Health Services

One of the major factors which has contributed to the health and development of the children of Denbighshire has been the co-operation of General Medical Practitioners, Consultants and Specialist staff of Hospitals with the Health Department. Much to my gratification, this relationship has improved constantly over the years but particularly so during the past five years or so. There has been a substantial change in attitudes and, in consequence, a more positive effort, on the part of all concerned, to establish an Integrated Health Service.

In the 1971 Report, reference was made to the formation of integrated Community Health Service Units and it is gratifying to find that the pattern already established in Abergele and Wrexham will extend further. During 1972, two Group Practices have formally expressed a wish to integrate the Services within their area and promising discussions have taken place with others. This is most encouraging and challenging for it will extend our resources to the limit. However, it is most satisfying to know that we have evolved an appropriate blueprint for the establishment of Community Health Service Units wherever the portents are favourable.

Of course, the Community Health Services are heavily dependent on the Hospital Services and over the years it has been my pleasure to pay tribute to the initiative, inspiration and dedication of the Consultant and Specialist Staff of the Hospital Services.

Undoubtedly, the Maternity Services-in Denbighshire owe a great debt of gratitude to the far-sighted appointment of Mr. R. Owen Jones as Consultant Obstetrician in 1936. He laid the firm foundations upon which Mr. Parry Jones and Mr. D. B. Whitehouse have continued to build so skilfully and perseveringly. Others have also participated in the formation of these services, but none more enthusiastically and wholeheartedly than Mr. Arnold Humphreys who so tragically died in full maturity after a short illness in November, 1972.

It is significant that over the years, the Maternal Mortality Rate, the Infant Mortality Rate and the Perinatal Mortality Rate have declined in parallel with the National statistics. These indices show that our Maternity Services are second to none and, while congratulating our Hospital colleagues on this, it is only just to claim for ourselves, some of the glory. The Local Health Authority staff have played an important part in these successes for they are key members of the Maternity Team.

In the Wrexham area, Mr. D. B. Whitehouse has accepted the leadership of the clinical team which has ensured a comprehensive maternity service for the whole area. Policy is defined at the Maternity Liaison Committee of which he is Chairman and this is implemented through subsequent discussion with all concerned.

Many benefits have flowed from these cordial relationships — monthly conferences to discuss Infant Deaths, participation in training of Midwives, Refresher Courses for Midwives; joint use of staff and of premises.

Ante-Natal Clinics

Cefn and Rhos Ante-Natal Clinics have brought the Maternity Services to the mothers of these areas and, in consequence, they have utilised fully the facilities provided on their doorstep. The steadily increasing number of mothers being confined at Hospital has added substantially to the pressures at the Maternity Unit Ante-Natal Clinics. This has made it difficult for Consultant Obstetricians to find the time to attend at Rhos and Cefn. This problem was fully discussed and finally it was agreed

that Cefn and Rhos Ante Natal Clinics would be staffed by the Local Health Authority, Cefn on a weekly basis and Rhos on a fortnightly basis, while the Consultant Ante-Natal Clinic would operate at the Ruabon Child Health Centre on a weekly basis. This has ensured that the mothers in these areas will continue to enjoy the traditional facilities despite a considerable change in staff commitments.

Medical Assessment Centre

Over the years, the Paediatricians have co-operated closely with the Child Welfare and School Health Services. In accordance with a Ministry of Health Circular, Medical Assessment Centres were established in Wrexham and Rhyl. This co-ordinated the various Hospital Services more effectively and also resulted in a better relationship with the Local Health Authority Services, which has led to the establishment of a Patient Care Team. Dr. E. G. G. Roberts, Consultant Paediatrician at the Maelor Hospital has had a Health Visitor attending his clinics for many years. More recently, he invited Dr. K. Dalzell, Senior Assistant Medical Officer from the Health Department, to attend the Maelor monthly review clinic which is held with the Consultant Paediatric Surgeon from Liverpool. In addition, other Consultants, Medical Officers, Health Visitors, Teachers, Speech Therapists, Audiologist and Social Workers together have formed a Patient Care Team which, from consideration of specific and representative cases, determines policy, defines appropriate responsibility and allocates spheres of activity.

This presages the development suggested in the future reorganised Health Services and it is hoped that the practical application of that concept will facilitate the development of other Patient Care Teams in due course. Already this formal arrangement has broadened the horizons of the participants, led to readjustments of attitudes and to an improvement in communications. However, one of the first fruits of closer collaboration has been the formalisation of arrangements for dealing with "Maltreated Children".

Battered Babies

Circular No. CMO 2/1970 drew attention of Local Authorities to the prevalence of the syndrome referred to as the "Battered Baby Syndrome" and it suggested that the various services should establish machinery for ensuring the co-operation of all concerned with this problem.

During 1972, Dr. E. G. G. Roberts, Consultant Paediatrician and Mr. J. Emlyn Evans, Director of Social Services, Denbighshire, expressed to me their doubts regarding the efficacy of the administrative arrangements for dealing with this problem. Information was obtained regarding various Schemes for dealing with this problem and from this information and our own experience, a Pilot Scheme was planned. This Scheme conformed in many respects, with others already operative, but its bias was essentially therapeutic rather than punitive.

From the attached schedule, it will be appreciated that several agencies are involved and it needed substantial readjustments and concessions on the part of the participants before final agreement was reached. It was decided that initially the Pilot Scheme should be tried out in the Wrexham Area and administrative arrangements were planned accordingly. Strangely, on the same morning as the schedule of the Pilot Scheme reached the participants, a case of battering was notified. The plan went into action and worked, apart from minor adjustments, extremely well and it has continued to improve with each case. Everyone concerned with these cases expressed satisfaction with the machinery established through the Pilot Scheme and it was decided to extend it to cover the whole County. Accordingly, Dr. McLean, Consultant Paediatrician, Clwyd and Deeside Hospital Management Committee, together with the appropriate officers from West Denbighshire met to discuss the proposal for extending the Pilot Schemes to the remainder of the County. Again, there was complete unanimity and arrangements have been made accordingly.

In view of the complexity and multiplicity of involvement, a Handbook was prepared which contained details of administrative procedures and appropriate information concerning staff, department and organisations involved and their various statutory responsibilities. This should ensure that despite changing staff the appropriate procedures will be followed on each occasion.

Although the co-operation of all concerned has been acknowledged, it would be remiss of me not to pay tribute to the wisdom, foresight and generous interpretation of responsibilities by: Dr. E. G. G. Roberts and Dr. M. McLean, Consultant Paediatricians who have difficult ethical problems and complex clinical decisions; Dr. H. Watkin James, who throughout the Pilot Scheme trial, acted in a voluntary capacity despite time-consuming involvement and subsequently as Medical Jurisprudence Adviser for all cases in Denbighshire; Mr. P. Myers, Chief Constable, Gwynedd, without whose co-operation and understanding the scheme would not function; Mr. J. Emlyn Evans, Director of Social Services who, despite his direct statutory responsibility had the foresight to abrogate this in the interests of the child.

Finally, it is only fair to mention the contribution made by the staff of the Health Department, especially Dr. K. Dalzell and Mr. D. Davies.

During 1972 regrettably there were six cases reviewed, details of which are as follows :

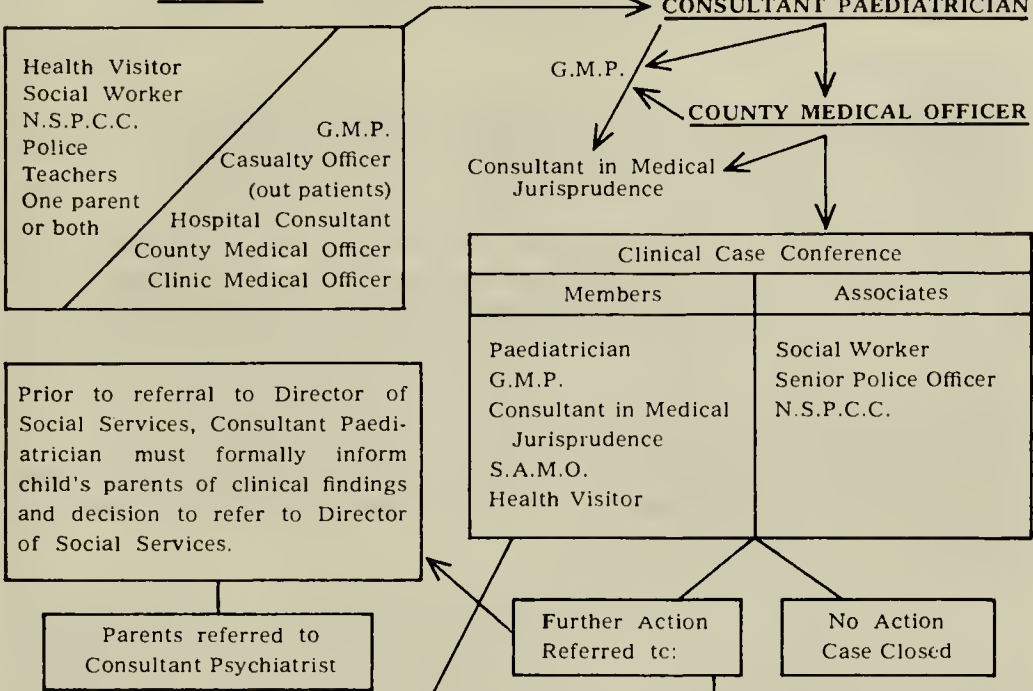
Three of these were under six months old and in each instance the baby had suffered severe intra-cranial damage. The other three children were older and their injuries were to ribs, arms and legs. Severe bruising, cut lips and fractures indicated the severity of their maltreatment.

The parents of these children were young, irresponsible, immature and incompetent. Their living standards were poor and they were often

SUSPECTED MALTREATED CHILDREN

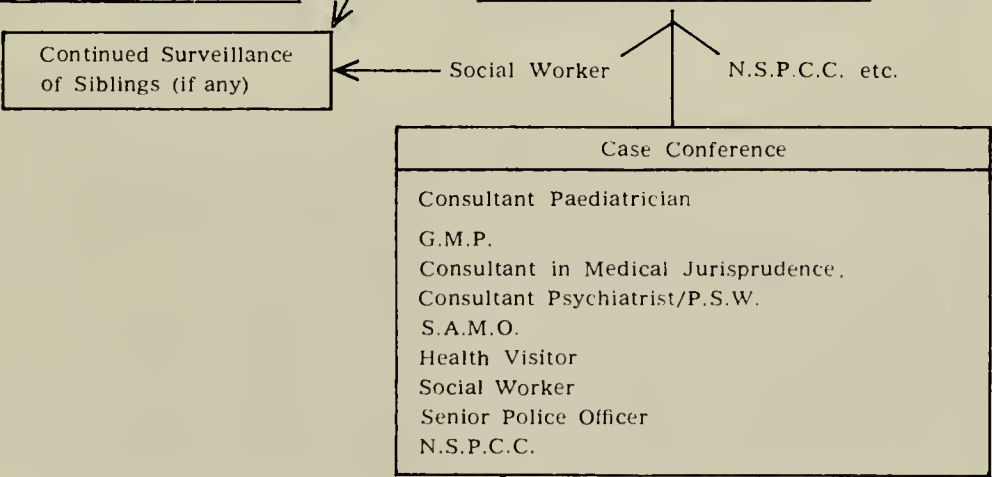
PHASE 1 — SUSPICION

Discovery

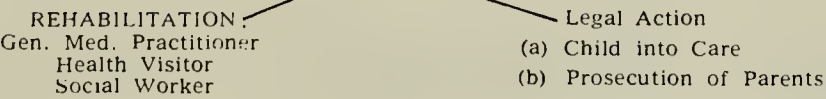


PHASE 2 — INVESTIGATION

DIRECTOR OF SOCIAL SERVICES



PHASE 3 — REHABILITATION



under heavy social pressures. In some instances, there were indications of mental instability and a low tolerance to stress. Several had not utilised the various statutory services available to them and indeed they had given the impression that they considered any offers of support as merely interference.

Child Welfare Services

These form an integral part of the Child Health Services and in Denbighshire they have been extended to play an important co-ordinating role, especially in dovetailing the preventive and curative services.

The Health Visitor has a statutory responsibility to visit the young baby in its home and the information she gleans forms an important part of the foundations for the future health care of the child. This is particularly so when the baby has been born with a handicap for, although an active "At Risk" Register is maintained, it is often the Health Visitor who detects abnormalities or developmental deviations from the norm. While everyone accepts that clinical responsibility for the health of the child rests with the General Medical Practitioner, it is universally acknowledged that the specialist skills of Health Department medical officers have a particular contribution to make.

The precise role of the clinical medical officer is as difficult to define as that of the Community Physician. It is as complex and indeed as varied, and the expertise required is no way less. Because of its multi-factorial content, it is practically impossible to describe. However, there can be no doubt of the contribution a skilled medical officer can make to advising, guiding and helping a handicapped child towards as full and happy a life as his disabilities will permit.

Handicapped infants are visited by one of the senior medical officers as soon as the Department has been notified so that, from the outset, the parents and the family are given expert and knowledgeable advice. Only too often the ultimate fate of the infant is determined during the early months — the baby may be rejected by its parents or conversely over-protected. Continuing counselling and constant support are essential and this demands realistic assessments and humanitarian perseverance. The co-ordinating role of the clinical medical officer impinges on many disciplines and this demands astute diplomacy and evaluation together with the skill to link up the various facets of a multi-disciplinary situation. These medical officers impose a heavy strain on the administrative staff of the Health Department, for the flow of information relevant to a handicapped child is considerable and is derived from many disparate sources.

It is gratifying to be able to claim, with justification, that our Child Health Services maintain high standards and that parents of handicapped children who migrate into the County are amazed that, with comparatively meagre resources, so much is done in Denbighshire for the less fortunate child.

Audiological Services

Of the various handicaps, the incidence of hearing and communication defect is amongst the most common. Increasingly, it is found that the failure of speech development is related to some hearing impairment and to detect these requires special skills and complicated technical equipment.

The County was fortunate in appointing Miss V. Reeves as Audiologist, for her initiative and drive must have ensured a service of a very high standard. Her enthusiasm is contagious and, together with Dr. Dalzell, the Teachers for the Deaf, and with the co-operation of the Consultant E.N.T. Surgeon, she has developed and extended the audiological services to a highly specialised level which is providing the children of the County with early ascertainment, full investigation, sophisticated hearing aids and a continuing surveillance and advisory service.

These children are now being found early and wherever possible their hearing loss is compensated for by appropriate means. Accordingly, they are no longer deprived of auditory stimulation and experience and, therefore, their developmental progress is not adversely affected.

Although these are pre-school children, they are given the full support of the Local Education Authority which obviates duplication of staff and equipment and provides facilities which would not otherwise be available. Early admission of partially hearing children to Schools with specially equipped classrooms for partially hearing children has been of great value for it not only helps the children to develop and learn, but it prevents the emotional stresses and strains that often lead to backwardness and maladjustment.

Mentally Handicapped

The transfer of certain responsibilities for the Mentally Disordered to the Department of Social Services did not absolve the Health Department of responsibility for co-ordinating the medical community care services for the mentally handicapped. Ascertainment of the mentally handicapped is the responsibility of the Health Department and we continue to perform this function in co-operation with the General Medical Practitioners and Hospital Services. When a case has been notified, the Health Visitor goes to the home and a little later a Medical Officer from the Department also visits in order to discuss the many problems which overwhelm the parents. Usually, the shock of being told that their baby is handicapped deprives initially many parents of the ability to understand or comprehend the information or advice they may be given but, once in their own home, the stressful implications dawn on them. At this stage, it is of paramount importance that they receive only the skilled advice and guidance of a specialist Medical Officer who has a profound appreciation of the handicap, its implications both to the child and to the family and to the ultimate prospects and who also knows what facilities, training, education and occupational services will be

available to provide appropriate help. The outcome of these initial discussions can affect profoundly the future of the handicapped child and, while clinicians know the medical implications, it is only the Health Department Medical Officer who can possibly know the full range of resources available and their individual specialist staffs. Accordingly great emphasis is laid on early visiting and also on the importance of co-ordinating the various agencies that are and will be involved.

Patient Care Team for the Mentally Handicapped

Again, in order to make full use of the available resources on a co-ordinated basis a Patient Care team for the Mentally Handicapped has been established and, as previously mentioned, based on the Medical Assessment Unit at the Maelor Hospital. In addition to the Consultant Paediatrician, Consultant Psychiatrist and the clinical Medical Officer from the Health Department the team includes Health Visitor, Psychiatric Social Workers and Teachers and Administrative Officer. This again merely formalises the understanding which has existed between all concerned over the years. However, the case conferences have already shown the benefits inherent in full and frank discussions by a multi-disciplinary team.

Education and Training of the Mentally Handicapped

Powys School at Gwersyllt and Glan-y-Don at Colwyn Bay have continued to flourish under the aegis of the Education Department. Staff of the Health Department have continued to visit both Schools. Medical Officers review the progress of pupils annually and meet the teachers regularly in order to discuss problems. It is cheering to know that Ysgol Tan-y-Graig which was planned so many years ago to replace Glan-y-Don is at long last being built. The Hostel for 20 children at this School will enable Mentally Handicapped Children from any part of the County to be admitted there on a residential basis. This will mean that many Mentally Handicapped children in the rural parts of the County will now be able to obtain first-class education in a new building which has been planned specifically to meet their education requirements.

Psychiatric Social Club

About 1955, the Berwyn Psychiatric Club was opened for the mentally ill and subsequently others were formed in various parts of the County. At Denbigh, Miss Hobson and a dedicated band of volunteers established a Social Club for the Mentally Handicapped and each year she has submitted a full report on their activities. Occasionally, extracts from her reports have been incorporated in the County Health Report. However, her report on the Club's visit to London in 1972 reflects not only the philosophy and tradition that motivate those who devote themselves to the care of others but also is a vivid account of a high adventure. It is, therefore, although accepted elsewhere for publication, worthy of inclusion in this Annual Report.

"The Committee of the Social Club decided at the meeting in July not to visit Chester Zoo in September, but to spread our wings and fly further afield to visit the great Metropolis of London, for a weekend. As in the past, we decided to give members the best that our finances would allow. I wrote to the Regent Palace Hotel and explained about the Club members and I said that I would understand if they did not wish to have the group. They accepted the group and I wrote again and asked that they be treated as normal guests in the Hotel and not be placed all on one corridor on the same floor, but on different corridors on different floors. This they did. I also asked if they could help with the parking of the coach and supply me with the name of a tour operator who would take us on a tour of London.

"Arrangements made, we left Denbigh Clinic on Friday, 1st September, by coach for London — 16 mentally handicapped adults and five helpers, and our own driver. We stopped on the Motorway for a snack and on the journey I explained to each member the procedure about keys, luggage, rooms, etc., at the Hotel. On arrival at the Hotel, we registered and went to our rooms, washed and changed for a booked late dinner, which they all enjoyed. We went for a walk round Piccadilly and remarks were passed such as: "The people sitting on the steps of Eros must have walked a long way to be so tired that they sleep on the steps of Eros". We returned to the Hotel, they had a drink of their choice before retiring to bed at 12.30 a.m.

"I thought there would be a little homesickness and 'hiraeth' but this worry was completely unfounded. I did not check on them in their rooms and did not make any rules about lights out and radios off. I wanted to see what would happen. One or two members of the Committee thought they should be checked, but I felt the members would rise to this challenge and they all appeared very happy.

"Breakfast was at 8.0 a.m., and they were waiting to enter the Regency Grill. We were scattered about the grill room and they decided on the menu and enjoyed their choice of food.

"Wherever we went, the members noted what the helpers were dressed in, and I insisted that we did not walk in a crocodile as so many parties do, for I think that they are made to look conspicuous. After breakfast, I explained we would walk along Regent Street, to the traffic lights, cross the road and walk along Oxford Street to Selfridges. I went and booked for the Black and White Minstrel Show. I returned to Selfridges to find some of them still shopping in the store, some in C. & A.'s, some in David Evans', some in the British Home Stores and other shops. We arranged to meet at 1. p.m. at the traffic lights on the Oxford Street/Regent Street junction. They had had four hours for their shopping, had had coffee in different places but, at 1. p.m., they were waiting to walk along to the Hotel. They returned to their rooms with their shopping and had a wash before lunch. At 2.30 p.m., after enjoying a lunch of their choice, we left the Hotel, crossed Piccadilly to

the Haymarket and went on to Trafalgar Square. They were concerned about the pigeons, that the people would tread on them and that they should not be there. We then went to Whitehall, and one of the boys thought that the horses were dummies but, when he touched one, he decided that the rider was cruel for not riding the horse and said that horses should be in fields. In Downing Street, one of the girls thought one policeman was enough to guard the Prime Minister. After all, she said, he was a man, why should he have two policemen standing outside! I noticed a smile on the policeman's face.

"After much 'clicking' of cameras, we left Whitehall and walked to Westminster Pier. I explained to the booking clerk about the party, booked the boat trip which was for twenty minutes to Tower Bridge and twenty minutes return to Westminster. He gave me instructions to speak to the gentleman on the boat and handed me £3. I was pleased. We went down the steps to the boat and I saw a long queue of people waiting. I spoke to the gentleman on the boat and he told us to board and take the front seats. I thought about the queue of people and wondered what would be said. The gentleman left us on the boat and went. He returned ten minutes later with another gentleman and he allowed the people in the queue to board and take the rear seats. We left the pier at 3.55 p.m., went down river, passed the Tower Bridge for miles. Many things were pointed out to us by the gentleman who came aboard. He was a guide with a very clear speaking voice. I wondered how much he would charge, but there was no need to worry. The gentleman of the boat explained to me that he had not got a very good speaking voice and that the members would understand the guide and he passed a collection box round to the people at the rear of the boat to pay for his services.

"We returned to Westminster Pier at 5.30 p.m. As they looked at the river from Westminster Bridge, I noticed a large number of people. They were looking at a big wedding party who were attending a wedding at St. Margaret's. Numerous policemen were about, controlling the crowds and the traffic. One of the boys suddenly shouted in Welsh: 'Look! Look!'. The large crowd of viewers and wedding guests looked up and I thought he must have seen a pigeon, then the voice said: 'News at Ten, Harlech'. One policeman had a large grin on his face, but no-one else understood. Of course, it was Big Ben!

"We entered Westminster Abbey with awe and reverence. They were most impressed. I was very surprised at their interest and knowledge. At Poets' Corner, one of them said: 'Wordsworth . . . oh yes, he wrote about daffodils. Shakespeare, he wrote about kings and battles . . .'. At the tomb of the unknown warrior, one of the girls told the story of the unknown soldier and the Flanders poppies to a group of visitors. (I think they thought she was a guide!). She announced that she knew all about it as she was a member of the British Legion in Denbigh, North Wales. At the end of that even the Americans in the group knew where Denbigh was.

“We went along Victoria Street and entered a licensed restaurant and had drinks and a meal. We all enjoyed our meal and after a short walk, we arrived at the Victoria Palace Theatre. They all thoroughly enjoyed the show which ended at 11. p.m. We crossed Victoria and entered the Underground, through the automatic barriers and on to the trains. This did not worry them at all, but the escalators appeared very high and long, but they followed and enjoyed it. We walked from the Oxford Circus tube along Regent Street to the Hotel. Some had a drink and they went to bed at 2.30 a.m., very happy but a little tired. They thought it very ‘posh’ and grown-up to have a drink and go to bed so late. We did not go with them and they used the lifts as if they were residents of London.

“On Sunday morning, with luggage packed and left in their rooms, we had breakfast at 8.0 o’clock; the account was settled and the keys handed in. We then walked to Trafalgar Square. I had booked a 22-seater coach to take us on a tour of London at 9.45. The Firm decided that they should all have a window seat, hence the new 48-seater luxury coach. We had a driver and guide who appeared to understand them. They showed them everything twice. This was wonderful. The changing of the guard, where no coaches were allowed to park — but we stopped and viewed it all from the coach. The police came and told the driver to move on, but he stayed put. We were hoping they would be able to see Buckingham Palace, but on Saturdays and Sundays all entrance roads are roped off. We went over the many bridges of London and, as an extra treat, we went to Regent’s Park Zoo and viewed the animals from the coach. This was wonderful. As they have visited Chester Zoo and Belle Vue, Manchester, they appreciated viewing the animals from the coach. We alighted from the coach at 12.30 p.m., on a small road near the Mall and not in Trafalgar Square as stated in the orders. The tour was for two hours, but we had three hours, neither driver nor guide would take a tip. They said that they had considered it an honour and a pleasure. We took a very short walk and behold there was Buckingham Palace. Words cannot express the look on their faces. They had seen the Queen’s house. We returned to the Hotel for a booked lunch, they dined and wine well, and were ready for their journey home at 2.0 p.m. They could not understand how it was that their luggage was waiting for them in the luggage room. They did not want to leave and made all kinds of excuses to stay (just one more night) and, instead of leaving at 2.0 p.m., we left Regent Street at 3.0 p.m. We stopped on the Motorway for tea and arrived in Denbigh at 8.15 p.m., tired and with a great longing to return to London.

“My worries about the first night in London were unwarranted, but now they have a great ‘hiraeth’ for London.

“This was a very successful weekend. The members rose to the challenge and are talking about having a week’s holiday next year. Many people had told me that the members would not appreciate a weekend in London!

“The weekend drained our finances, but it was money well spent. We gave of our best and I was repaid a hundredfold by the pleasure, happiness and memories of the Club members”.

Nursing Services

The Report of the Committee on Nursing (Chairman, Professor Asa Briggs) was published during the year and its recommendations will, if implemented, streamline and rationalise the structure and administration of the Nursing Profession. The proposals modernise and readjust the training, qualifications and relationships of the Nursing profession which should add lustre to its proud traditions.

The Mayston Report on the Management Structure of the Community Nursing Services was further implemented by the appointment of three Nursing Officers. It is hoped that another three will be appointed in 1973 so that the establishment of six Nursing Officers will be filled before the transfer to the Area Health Authority. All these Nursing Officers attended first-line management courses before the end of 1972. Miss Gilbert's first task after being promoted was to undertake a full job analysis of those nurses who were participating in the development of the two Community Health Service Units — the one at Wrexham, the other at Abergelc. The experience gained by the staff and the information gleaned from Miss Gilbert's reports will be of substantial value in planning integrated community health service units.

Retirement of Miss A. Large, Director of Nursing Services

In October, 1972, Miss Large reached retirement age but, at the invitation of the Health Committee, she carried on for a little longer. However, she decided that she should relinquish her responsibilities on 31st March, 1973, so giving her successor an opportunity of gaining experience before handing over the Service to the Area Health Authority. Since being appointed to the staff in 1963, she has devoted herself steadfastly to serving the best interests of the Nursing Services in Denbighshire. Many of the developments, particularly in Nurse Training and improving relationships between Community and Hospital Nursing Services have been due to her farsighted endeavours. Without her co-operation and tolerance our progressive policy could not have been implemented. Her benign and amiable approach to problems has invariably won the co-operation and confidence of her colleagues. It is a pleasure for me to acknowledge my indebtedness to her for her constant loyalty and support which have been the chief pillars of our happy and harmonious relationship. The staff of the Health Department join me in thanking her for her valuable contribution as a member of our team and also in wishing her a long and happy retirement.

District Nurse Training

Denbighshire is the one Local Authority in North Wales that has an Approved District Nurse Training School. Mr. Leslie Roberts, as

Course Tutor, has won a high reputation for the constant success of his pupils. This factor undoubtedly influenced the decision to send students to our course by the following Counties :

Anglesey	....	....	....	....	1
Breconshire	....	....	....	....	4
Cardiganshire	....	....	....	....	4
Flintshire	....	....	....	....	7
Merionethshire	....	....	....	....	3
Montgomeryshire	...	....	....	....	5

In all, including Denbighshire students, thirty-six students came to the Course (twelve of these being Denbighshire students), including the two most recently appointed Nursing Officers. At the time of writing we are awaiting the result of the D.H.S.S. examination.

Student Nurses

Miss Large and her staff, together with Miss Bridger, Chief Nursing Officer of the Wrexham Hospitals and her staff, devoted much time and thought to planning the curriculum of those Nurses who would be trained in accordance with the 1969 Syllabus of the General Nursing Council. Arrangements had to be made for Nurses in training to spend six weeks with the Community Nursing Service.

The Wrexham Nurses' Training School was the first to finalise its plans and during 1972 the first group of young students came out to the community nursing services for training and experience.

Integrated Midwifery Training

This scheme, which has superseded the former Part I and Part II training, after being approved by the Central Midwives' Board, commenced in December, 1972. So far, four pupils have been seconded to us for a three months training period and we are expecting our annual intake to number about twelve.

Psychiatric Nurse Students

Negotiations are proceeding for us to receive Psychiatric Nurse students for a two week Community Nursing experience.

Health Visitor Training

Consideration has been given to the needs of North Wales and its contiguous area for facilities for training Health Visitors. It was decided to establish a Health Visitors' Training School at Cartrefle Training College. This will involve several Health Visitors as Field Work Instructors and also other members of the staff in various Course activities. The precise form that field work instruction would take is not yet decided. Once the tutor is in the post (it has been advertised) she will probably arrange a course. Miss Williams, for the Training Council, indicated that this is the usual practice.

The Authority agree to sponsor a certain number but the final selection is made by the College. The Course lasts for thirty days and often this is done in three two-week blocks. The costs is met from the Pooling System.

Ambulance Service

In accordance with the Department's decision to change the Radio System from A.M. to F.M., careful consideration was given to the future requirements of the Ambulance Service up to and after 1974.

The present radio equipment in use by Denbighshire was installed in 1968 and in order to benefit as much as possible from that expenditure, it was thought wise to hold off replacing the equipment for as long as possible. Furthermore, there have been several significant developments in recent times which could have substantial implications in planning the new installations.

In planning the Ambulance Headquarters at Ruthin Road, Wrexham, opened officially in 1968, due regard was paid to the long-term possibility that it might be needed as a base for the North Wales Radio communication system. Attempts were also made to site the building within the curtilage of the Maelor Hospital, but the Hospital Authorities refused to co-operate. However, it was possible to site the Headquarters on the fringe of the proposed site for the new Wrexham District General Hospital so that, in the fullness of time, it will be possible to establish a comprehensive Health Service communications system.

Having, therefore, anticipated events it is now a feasible proposition to establish a Radio Communication system which can easily cover the whole of Clwyd and following discussions with Flintshire, it will be possible to plan a Radio Scheme which will link the two systems, so ensuring a unified control of the whole area.

In the meantime, the County Surveyor's Department, who shared with the Ambulance Service the present Radio system, has asked that the equipment should be transferred to them.

Communications System for Health Services

During 1971, the Denbighshire Ambulance Service, in conjunction with the Ford Motor Company, Lomas Ambulance Body Builders and several General Medical Practitioners, arranged an Exercise aimed at demonstrating the value of a specially equipped doctor's car linked to the Ambulance Service Radio Control in dealing with accidents and emergencies. This was fully reported in the 1971 Annual Report. One of the participants in the Exercise, Dr. H. Watkin James, retained a radio set in his car to explore its value and potential in organising medical

services in the Community. In return, he agreed on a voluntary basis to respond to requests for help from the Ambulance Service.

This experience demonstrated that :

- (i) in an Accident and Emergency Service great benefits accrued from being able to contact immediately an experienced and enthusiastic doctor in order (a) seek his advice or (b) ask him to come to the accident or emergency.

Dr. James, as Police Surgeon, found the link of value in performing his responsibilities in that capacity,

- (ii) in General Medical Practice a radio system which covered the entire practice area was of great benefit in dealing with emergencies, late calls, and prompt transmission of information.

Several General Medical Practitioners, in the rural parts of Denbighshire especially, have been anxious to utilise this aid to efficiency and those who have experimented with our sets feel that they have a potential value which could be better exploited with more sophisticated aids.

Paging systems have been used and recently radio manufacturers have made a Pager which can work effectively over considerable distances either from the car set or from central control. It would seem that this additional facility would be invaluable to the Community Health Services. Besides the General Medical Practitioners, Midwives and Nurses in Denbighshire have been provided with Mobile Radio Sets for their cars.

These have proved invaluable on many occasions but up to now the snag has been that once they have left the car, they have been out of touch with Central Control. If Pagers were issued then they would be aware that they were being paged and could, as soon as convenient, leave the patient in order to contact control.

The Radio System which will be installed in Denbighshire will incorporate the most recent and modern developments in Radio Communication. It is planned that the new equipment will be sufficiently flexible to permit extensions to incorporate a full Communication System for the whole of Clwyd. This, it is envisaged, may incorporate telephone and radio communication systems with monitoring equipment, selective calling, print out, remote control of cardiac units and eventually computerisation. This may seem a far-fetched conception but one of the main objectives of reorganisation of the Health Services is to ensure increased efficiency and economy through integration. Foresight and pre-planning are inherent features of an efficient organisation and it is to be hoped that the opportunities now presenting themselves at least in this part of the reorganised Health Service will not be hampered through the old restrictive attitudes of the tripartite arrangements.

Prevention of Illness, Care and After Care

Traditionally, the duties emanating from this section of the National Health Service Act have been confined to Tuberculosis, Venereal Diseases,

Health Education, Chiropody and, more recently Cervical Cytology and Renal Dialysis. This limitation may well have been due to our pre-occupation with developing Training Centres, Hostels and social support for the Mentally Disordered.

It is, therefore, perhaps salutary to note not only that Section 28 is perpetuated in the National Health Service Reorganisation Bill but especially the emphasis placed on the medical interpretation of the duties arising from this part of the Act.

Following the implementation of the Social Services' Act, there was a general impression that the new department was taking over responsibility for most of the duties concerned with Mental Health that flowed from Section 28 of the National Health Service Act.

The practicalities of the new situation have demonstrated the continuing role of the Health Department and it is gratifying that during 1972 the inter-relationship between Health and Social Services has been clarified to a large extent. This has led to a better understanding due, in no small measure to the determined manner in which the Director of Social Services has brushed aside some of the old prejudices which have militated against close co-operation.

The unequivocal acceptance of the County Medical Officer of Health as the Medical Adviser to the Social Services has enabled me to make a full reappraisal of the medical requirements of the Denbighshire Social Services' Department. Medical responsibility for the Social Services has been delegated to Dr. A. Griffith and it is hoped that in this way, the Social Services' Department will receive its medical advice in a co-ordinated and regular manner. Medical surveillance of discharged mental patients residing in Boarding Houses in Denbighshire has been arranged in conjunction with periodic supervision by District Nurses and Social Workers. This procedure should safeguard the well-being and welfare of this group of people.

The Denbighshire Social Services' Department has been selected for establishing a Regional Assessment Centre and Treatment Centres. Delinquent Children and Young Persons will be admitted to these establishments from the whole of North Wales. The heavy medical commitments of these centres were fully discussed at a meeting of Hospital Consultants with representatives of the Denbighshire Social Services Department and Health Department. Those present agreed that the Health Department should be responsible for co-ordinating the medical services to these new units. It was generally accepted that the special skills of a Clinical Medical Officer from the Department would be an essential factor in ensuring comprehensive medical advice and providing the Social Services with a consensus of medical opinion. These additional commitments place yet another substantial burden on departmental medical and administrative staff who are already heavily laden. However, it is hoped that this streamlined medical organisation will be able to meet most of the demands.

Handicapped Persons

Denbighshire Local Education Authority has an enviable record for its generosity to Handicapped Pupils. Our Education Committee has been in the forefront in meeting their needs either by establishing Special Schools or by placing them appropriately with other Authorities.

It has, therefore, always been a matter of regret that when these children leave School they have also passed beyond our medical supervision. Again, we have been fortunate in Denbighshire for our contact with the Youth Employment Officer and the Divisional Rehabilitation Officer of the Department of Employment has meant a continuing interest for at least the initial period of employment. The formation of the Employment Medical Advisory Service will ensure, in future, a more direct line of contact for it is intended that the doctor in charge of this Service will work closely with the School Health Service.

However, much thought has been given to this particular problem prompted by the formation of the Employment Medical Advisory Service and also by our involvement in the work of the Social Services at their Cunliffe Centre for the Physically Handicapped. A Clinical Medical Officer in association with the Occupational Therapist in charge of the Centre reviewed all those who applied for admission. Dr. Valle discussed all applicants with their family doctors before medically examining them. Having assessed the capabilities of each entrant from a medical standpoint, she then discussed their therapy potential with the Occupational Therapist. Subsequently, Dr. Valle has reviewed progress and helped the Occupational Therapist to determine further appropriate therapy. This arrangement has ensured that the facilities of the Centre are utilised fully and appropriately according to the needs of each individual.

The information gleaned from our association with this Centre has highlighted the paucity of services for the Adult Handicapped within our County but perhaps of more relevance is their failure to utilise the available services. This has drawn our attention to the statutory powers available in Section 28 of the National Health Service Act especially as incorporated in Clause 2 of the National Health Service Reorganisation Bill.

It would seem that powers will be available in the new Act for Area Health Authorities to provide for an ongoing supervision of Handicapped Pupils after they have left School. Undoubtedly, there is a great need for this as our experience has already shown.

Medical Examination of Staff

The Fire Service Circulars 41/70 and 55/71 made periodic medical examination of all operational firemen over the age of 40 years compulsory, in addition to medical examination on entry to the service. A very high standard of physical fitness is demanded of operational firemen

and sixty firemen and one female member of staff were examined during the year.

It is anticipated that similar regulations will soon be introduced for operational ambulancemen. Following discussions with the staff, it was agreed that a voluntary medical examination be introduced immediately. All except two members of staff presented themselves for medical examination.

The Heavy Goods' Vehicle Driving Regulations require all drivers of vehicles over three tons to be medically examined each time they renew their licence, *i.e.* every three years. Thirty-one holders of Heavy Goods' Vehicle Drivers' licences employed by the County Council were examined during the year. A high standard of medical fitness is required and particular attention is paid to conditions relevant to driving, *e.g.* vision.

The Vehicle and Driving Licences' Act (1969) resulted in a relaxation of regulations relating to epilepsy and driving licences. An increasing awareness of these regulations has resulted in an ever increasing number of persons with a history of epilepsy applying for driving licences. In spite of the fact that there has been no change in the regulations relating to other disabilities and driving, an increasing number of applications have been received. A total of 78 applications were referred to the Health Department and of these 53 were medically examined, 20 were investigated by other means and 5 applications withdrawn. As from 1st March, 1973, all new applications for provisional driving licences will be made to the Department of the Environment (Driving Licences' Section), Longview Road, Swansea, and eventually all applications for driving licences will be made to this new Department which will, of necessity, be remote from the public and prevent the giving of informal advice which is done by the staff of the Licensing Department of the County Council and on health matters and driving by the Health Department.

The introduction of the medical questionnaire for the initial medical screening of prospective County Council employees has to some extent assisted the medical staff to undertake the additional duties as outlined above and also has enabled attention to be focussed on those employees who, because of ill health or the nature of their employment, require careful medical assessment.

Environmental Health

Pollution of the environment is an increasing menace and, although strenuous efforts to prevent this are now being made, there is not only the neglect of years but also a constantly growing incidence due to modern technical developments. The introduction of new industries into the

area, while from an economic standpoint may be of benefit, may also bring new environmental health hazards. It is essential that Health Authorities should not neglect this aspect of their responsibilities. One example of this was quoted by the County Public Health Officer in his 1971 report.

He also draws attention to the need for better control of animal feeding stuffs for, in 1971, he found that out of 125 samples of animal feeding stuffs, 21 of them were contaminated with a wide range of serotypes of salmonellae organisms whilst, in 1972, out of 86 samples, 12 were so contaminated. Intensive rearing methods increase the risk of infection being transmitted and it is, therefore, not surprising that broiler chickens are often contaminated with salmonella. There is no doubt but that animal feeding stuff should be sterilised and that intensive production methods should be more meticulously supervised.

During the year, under review, one hospital in the County had an outbreak of food poisoning caused by salmonella organisms. All the staff concerned co-operated fully in the various preventive measures that were introduced with the result that spread of the infection was limited and it was quickly eradicated.

REPORT OF COUNTY PUBLIC HEALTH OFFICER

Milk and Dairies

The general pattern of control which has been evolved in the past was continued during the year.

Untreated Milk. The number of licensed producer/retailers was 121 at the end of the year compared with 127 at the beginning. 905 herd samples of Untreated Milk were taken during the year and, of these, 51 gave positive Brucella Ring Test results. In each case, herds which gave positive Brucella Ring Test results were investigated and individual cow samples taken. 728 samples from individual cows were taken in the course of these investigations resulting in the detection of 44 infected with Brucellosis. These 44 animals came from 19 separate herds. With the co-operation of the farmers concerned these animals were removed from the herds, usually for sale for slaughter. It appears that we have reached a plateau in this work. The general picture is one in which the odd one or two animals are found in each investigation. This situation must be contrasted to that of a few years ago when it was not unusual to find as many as half of the animals in a herd infected. Usually, the one or two animals now discovered have been introduced to the herd from outside without being tested. It is likely that the overall position will not now change very much until the inclusion of the County in a Brucellosis Eradication Area.

Heat Treated Milk.— During the year, 395 samples of heat-treated milk were submitted for examination. There were no failures of the statutory tests in relation to the efficiency of the heat-treatment plants. Only six samples failed the Methylene Blue Test in relation to keeping quality. This is a very satisfactory situation.

Bacteriological Examination of Poultry

During the late summer, an investigation was carried out into the outbreak of food poisoning caused by *Salmonella Typhimurium* in one of the major hospitals. As a result of this investigation a source of specimens of chicken giblets was found. During the latter part of the year a programme of sampling of material of this and related kinds was commenced, with the following results:

Number of samples of chicken giblets	122
Number infected with salmonellae	25

The following serotypes were isolated :

S. Typhimurium phage type 1a	11
S. Typhimurium phage type 2a	3
S. Typhimurium phage type 12a	2
S. Typhimurium untyped	3
S. Livingstone	1
S. Senftenberg	4
Untyped salmonella	1

In addition, 27 samples of other materials were obtained — wrapping material, cooked chicken portions, etc. — from which 5 isolations of salmonellae were made.

In the absence of any action, on a national basis, to control the bacteriological standard of poultry the only practical result of this work so far has been the publicity which the results obtained. In the course of this, stress was laid on the necessity for adequate thawing of frozen poultry, thorough cooking, the cleansing and sterilisation of surfaces and utensils used for the preparation of the poultry in the home, and good personal hygiene, all aimed at reducing any risk of infection to a minimum.

“Rural Water Supplies and Sewerage

During the year, ten schemes for the provision of water mains and three schemes for the provision of sewerage were submitted for consideration by the County Council under the Rural Water Supply and Sewerage Acts, as follows :

“Water Supply

*West Denbighshire and West Flintshire
Water Board —*

Bwlch Mawr, Cerrigydrudion	£2,000
Hilltop, Llanellian	£3,930

Ty Isa, Llanfair D.C.	£1,620
Cwm Llwm, Nantglyn	£1,330
Bryn Bloco, Eglwysbach	£970
Maesmor, Maerdy	£2,500
Llaethwryd, Cwmpenanner	£1,370
Minffordd, Llansannan	£1,160
Bwlchybendy, Cerrigydrudion	£3,000
<i>Wrexham Rural District</i> —	
Llyn House, Trevor	£290

Sewerage

<i>Ruthin Rural District</i> Llandyrnog	£58,000
<i>Hiraethog Rural District</i> Muriau	£7,050
<i>Colwyn Bay Borough</i> Llanddulas	£9,244

These proposals were all approved in principle.

An application was also made for grant aid under Section 56, Local Government Act 1958, by Wrexham Rural District in connection with sewerage at Lavister. In the light of financial considerations no grant was approved.

Diseases of Animals

Routine work under the Diseases of Animals Acts and Orders was continued during the year. The following is a summary of the reports made to the Diseases of Animals Committee :

	1971	1972
<i>Markets :</i>		
Number of markets attended	320	347
Number of Swine Movement Licences issued	2,231	2,371
<i>Farm Premises :</i>		
Number of movement record books checked	1,267	1,400
Number not in order	134	113
Number of swine movement isolations checked	190	183
Number of inspections of swill boiling plants	43	54
Number of samples of feeding stuffs taken	125	73
Number of isolations of salmonellae	21	10
Number of visits for other purposes	56	55

	1971	1972
<i>Animal Disease :</i>		
Number of cases of anthrax attended	3	<i>Nil</i>
Number of cases of other diseases attended	4*	6*
Number of herds found to be infected with Brucellosis	13	19
* S. Dublin	3	1 S. Indiana *
		1 S. Dublin
Psittacosis	1	3 S. Typhimurium
		1 Psittacosis

Although fewer samples of animal feeding stuffs were taken during the year, the proportion of those taken which were found to be infected with salmonellae was almost the same. From the ten unsatisfactory samples the following isolations were made :

S. Cubana	1
S. Amager	1
S. Senftenberg	6
S. Oranienburg	2

In the course of the inspection of waste food boiling plants, a loophole in the legislation, which I believe to be significant, has been noted. The Waste Food Boiling Regulations require, amongst other things, that at licensed premises, unboiled swill be stored in such a way that animals (meaning, as defined in the regulations, cattle, sheep, pigs, goats and poultry) cannot gain access to it. The loophole arises because it is possible for a person to collect swill, store it without boiling it and, subsequently, sell it to another person. In these circumstances, since he does not himself boil swill, he will not require any licence, and he does not have to protect the unboiled swill from animals. Further, although it is known that other animals and birds — dogs, cats, foxes, rats, pigeons, starlings, etc. — have been known to transmit disease, there is no requirement to protect unboiled swill from such animals. A “blanket” requirement that all waste foods, at all handling stages, be protected from *all* animals would cover the circumstances outlined above. Your Committee made representations to the County Councils’ Association and the Ministry of Agriculture, Fisheries and Food regarding this situation.

Co-operation with other Departments

The co-operation which has been remarked upon in previous reports was continued during the year. It involves meaningful relationships with most other departments of the County Council, District Councils and Government Departments, particularly the Ministry of Agriculture, Fisheries and Food.

A new field of involvement opened during the year following investigations into an outbreak of food poisoning at one of the major hospitals.

As a result of this investigation, your Officers have been invited to carry out inspections of other hospitals in the County in relation to matters of hygiene.

Much is now being made of the “corporate approach” to problems in the local government field. Any development along these lines will be a natural extension of our own present policies. I am extremely grateful to the Officers with whom we come into contact for the co-operation received”.

Food and Drugs

As usual, I have received a copy of the Annual Report of Mr. Owens, the Chief Officer of the Trading Standards Department. Mr. Owens reports as follows :

“During the year ended 31st December, 1972, 670 samples of Food and Drugs were taken, of which 509 were submitted to the Public Analyst for analysis and report. The number and types of articles submitted may be summarised as follows :

<i>Article</i>		<i>No. taken</i>	<i>Genuine</i>	<i>Not Genuine</i>
Milk	(formal)	210)	365	6
	(informal)	161)	—	—
Foodstuffs	....	220	204	16
Tinned Foods	....	42	36	6
Soft Drinks	....	11	10	1
Beer and Spirits	....	12	12	—
Household Medicaments		14	13	1
<i>Totals</i>		670	640	30

“The average percentage of fat and solids not fat contained in the milk samples during the year were :

	<i>Fat</i>	<i>SNF</i>
Eastern Division	3.84	8.75
Western Division	3.53	8.56
County	3.58	8.67
Presumptive Standard	3.0	8.5

“As will be seen from the table a total of 670 samples was taken during the course of the year. These comprised 161 (108) informal samples of milk and 53 (11) samples of spirits tested departmentally together with 210 (233) samples of milk and 299 (293) other foods sent to the analyst for report. The number of adverse reports, 30 (milk, 6; other food, 24) shows an increase over the corresponding total of 21 (milk, 8; other foods, 13) for last year. Again the number of consumer complaints, 63, shows an increase over last year’s figures of 40. Of course, not all complaints are

justified, neither in every instance is court action necessary. During the year, there have been 9 prosecutions to date concerning such issues as a metal object in sausage, oil and rust in bread, plastic in a scone, a nail in prunes, foreign matter in tinned steak, strawberry pie filling and milk. Another issue concerned tin in fruit salad, the quantity of tin greatly exceeded the recommended limit. There are still a number of issues outstanding which will be reported to you in due course.

“During routine sampling duties, several other quality defects were revealed concerning water in milk, a trace of antibiotics in milk, mouldy butter, together with labelling infringements concerning tinned tongue, iced lollies and cough balsam. The question regarding the butter was successfully pursued in court while the other issues were resolved by advice and caution. The labelling infringements were the subject of quite lengthy correspondence and discussions and have now been resolved. Generally the standards of food are quite well maintained and co-operation with manufacturers is very good.

“Research is quite an important branch of the work under the Act. In line with this, we are participating in a national programme concerning pesticidal residues in foodstuffs. During the year, 10 samples were submitted under this scheme with a view to determining the levels of organo-chlorine and mercury residues without revealing anything of a significant nature. Earlier this year samples of fish caught on the coastal belt were submitted for analysis for mercury contamination, again with negative results. Of course, milk received its fair share of attention and 200 samples were tested by the Analyst for antibiotics, etc., residues. When weights and measures test purchases, such as tinned fruit and vegetables are being tested, checks are made as to the composition of these products.

“Milk supplied to various County Establishments is regularly sampled and tested, together with samples taken from vending machines, hospitals, etc. The total number tested was 214 (304) and the results in all instances were satisfactory. It will be appreciated that, in addition to the procuring and testing of samples, the Trading Standards Officers spend a considerable time during inspection duties in examining the various food products to see that they comply with the necessary labelling requirements. The returns show that 2,474 inspections were carried out revealing that in 70 cases discrepancies occurred which have either been dealt with by the officers or have been the subject of written advice.

“From the point of view of legislation the year has been fairly quiet. The Labelling of Food Order due to come into operation on 1st January, 1973, has been marginally amended and a great deal of time and effort has been spent in assisting manufacturers in the interpretation of the new Order. There has been a further marginal amendment to the Bread and Flour regulations. From time to time various advisory committees report to the Minister of Agriculture, Fisheries and Food on such matters

that the Minister refers to the committee. One such report was made by the appropriate committee on the preservation in food regulations. The report is extremely comprehensive and illustrates the great care and thought taken in evaluating these matters.

In conclusion, the continual diligence of my staff and the support and interest of the Chairman and Members of Committees is greatly appreciated. The co-operation of the Clerk and Chief Executive Officer, his Deputy and staff is of material assistance."

Acknowledgements

As usual, it is my pleasure to express my appreciation to the staff of the Health Department for their steadfastness, stoicism and loyalty. The past year has been onerous, somewhat frustrating and constantly disturbing. Several of the senior staff were involved in carrying out Job Evaluation and the entire administrative staff were job evaluated. This sort of evaluation cannot be applied with precision to staff whose administrative duties necessitate direct contact and discussions with professional staff and members of the public. Inevitably, they acquire specialist skills if only in the art of maintaining public relations, but these subjective qualities cannot be satisfactorily encompassed within the range of any job evaluation. I must, therefore, make the point that the enormous work output of the Health Department, despite shortages of professional staff, has been maintained by the outstanding support and skill of the administrative staff. As I have indicated earlier, this period in limbo is most unsettling for the staff of the Health Department for their reorganisation is more radical and, therefore, more traumatic than that of any other staff.

In this respect, I wish to thank the County Council for having continued to give the Health Department as much stability and support as has been possible under the circumstances. I have also appreciated the continuing interest and advice of the Clerk and Chief Officers of Denbighshire County Council, especially as they, too, have comparable worries.

In December, 1972, Councillor J. G. Lindsay, Vice-Chairman of the Health Committee died quite suddenly. Although he had been in poor health for quite a while, his interest in and enthusiasm for the work of the Health Committee continued unabated. I valued particularly his frankness, quick perception and readiness to serve.

Another old and cherished friend, Alderman W. E. Thomas, a faithful member of the Health Committee, died on 14th February, 1973. His benign presence invariably permeated all around him and everyone in the Health Department will miss him.

On a more cheerful note we welcome Councillor E. Roberts as our new Vice-Chairman in the knowledge that he has always had a keen interest in health matters. Finally, I wish to thank both the Chairman of the

Health and Health Sub-Committees — Alderman Dr. I. H. Davies and Alderman Tom Jones for their personal interest in the affairs of the Health Department. They, together with members of the Health Committee, have supported staff in all their endeavours. The constancy and enthusiasm which has characterised the Health Committee throughout the years have not waned and this has had a stabilising influence on all of us throughout the stresses of the past year.

M. T. ISLWYN JONES

County Medical Officer

March, 1973

VITAL STATISTICS 1963 - 1972

Table 1

Year	Per 1,000 of Estimated Population				Still-birth rate per 1,000 live and still births	Maternal mortality rate per 1,000 live and still births	Infant mortality rate per 1,000 live births
	Crude Live Birth Rate	Crude Death Rate	Death Rate Respiratory Tuberculosis	Death rate Cancer			
1963	16.1	13.5	0.01	2.6	18.3	Nil	15.1
1964	16.5	12.7	0.04	2.5	12.9	Nil	22.3
1965	15.5	12.9	0.02	2.6	21.2	Nil	14.1
1966	15.8	14.2	0.06	2.7	20.4	Nil	16.2
1967	16.0	13.4	0.04	2.7	18.8	0.34	15.6
1968	16.2	13.5	0.04	2.6	13.4	0.33	20.0
1969	15.8	14.2	0.05	2.6	16.0	0.34	19.0
1970	16.0	13.7	0.02	2.7	13.0	0.34	13.0
1971	16.1	13.6	0.05	2.7	13.0	Nil	20.0
1972	14.6	14.5	0.02	3.0	7.0	Nil	13.0

Table 2

**THE DISTRIBUTION OF POPULATION, BIRTHS, INFANT DEATHS, TOTAL DEATHS AND RATES
ACCORDING TO DISTRICTS FOR 1972**

<i>Districts</i>	<i>Estimated Population</i>	<i>No. of Live Births</i>	<i>Birth Rate crude adjusted</i>	<i>No. of Infant Deaths</i>	<i>Total No. of Deaths</i>	<i>Death Rate crude adjusted</i>
Western No. 1						
Abergele U.D.	12,560	139	11.1	3	243	19.3
Colwyn Bay M.B.	25,470	270	10.6	1	529	20.8
Aled R.D.	6,700	80	11.9	—	65	9.7
						11.8 11.4 9.4
Western No. 2:						
Denbigh M.B.	8,440	122	14.5	—	141	16.7
Llanrwst U.D.	2,820	49	17.4	—	47	16.7
Ruthin M.B.	4,620	59	12.8	1	61	13.2
Ruthin R.D.	8,910	102	11.4	1	143	16.0
Hiraethog R.D.	4,090	66	16.1	—	49	12.0
						13.2 12.7 10.4 13.0 11.5
Eastern No. 1:						
Wrexham R.D.	63,600	1,060	16.7	20	844	13.3
Ceiriog R.D.	6,820	84	12.3	—	90	13.2
Llangollen U.D.	2,930	40	13.7	1	45	15.4
						14.1 11.9 14.9
Eastern No. 2:						
Wrexham M.B.	39,140	640	16.4	9	439	11.2
						12.2
Total County	186,100	2,711	14.6	36	2,696	14.5
						12.5

Table 3
INFANT MORTALITY

<i>Age at Death</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Under 1 week	8	7	15
Over 1 week, but under 4 weeks	2	—	2
Over 4 weeks but under 1 year	11	8	19
<i>Total</i>	21	15	36

Table 4
INFANT MORTALITY — CAUSES OF DEATH

<i>Cause of Death</i>	<i>Number of Deaths</i>		<i>Total</i>
	<i>Male</i>	<i>Female</i>	
Enteritis and other Diar- rhoeal Diseases	2	—	2
Meningococcal Infection	—	1	1
Pneumonia	3	3	6
Bronchitis and Emphys- ema	1	1	2
Other diseases of respir- atory system	1	1	2
Intestinal obstruction and hernia	1	—	1
Congenital anomalies	4	2	6
Birth injury, difficult labour, etc.	4	2	6
Other causes of perinatal mortality	4	4	8
Motor vehicle accidents	—	1	1
All other accidents	1	—	1
<i>Total</i>	21	15	36

Table 5
COMPARATIVE RATES

<i>Rate</i>	<i>Denbighshire</i>	<i>England and Wales</i>
Birth Rate	16.2*	14.8
Death Rate	12.5*	12.1
Infant Mortality per 1,000 Live Births	13.0	17.0
Neo-natal Mortality (deaths under 4 weeks)	6.0	12.0
Early neo-natal Mortality (deaths under 1 week)	6.0	10.0
Perinatal Mortality (Still-births and deaths under 1 week)	13.0	22.0
Stillbirth Rate	7.0	12.0
Maternal Mortality	<i>Nil</i>	0.15

* *Adjusted*

Table 6
DISTRIBUTION OF DEATHS IN AGE GROUPS

<i>Year</i>	<i>Number of deaths in age groups</i>								<i>Total</i>
	0 - 1	1 - 4	5 - 14	15-24	25-44	45-64	65-74	75+	
1963	43	9	9	14	71	515	624	1,085	2,370
1964	65	5	5	27	75	466	632	970	2,245
1965	39	12	11	19	71	540	619	1,000	2,310
1966	46	7	12	17	64	541	714	1,141	2,542
1967	45	6	10	17	59	484	711	1,079	2,411
1968	58	11	6	12	75	498	705	1,087	2,452
1969	53	11	13	27	69	520	748	1,144	2,585
1970	38	7	12	21	58	495	749	1,123	2,503
1971	61	8	3	19	60	488	787	1,091	2,517
1972	36	13	6	19	69	531	793	1,229	2,696

Table 7
PRINCIPAL CAUSES OF DEATH

<i>Causes of Death</i>	<i>No. of Deaths</i>	<i>Percentage of Total Deaths</i>
Heart Disease (all forms) ..	873	32.4
Cancer (including Leukaemia)	564	20.9
Cerebrovascular Disease	465	17.3
Other Circulatory Diseases ...	142	5.3
Bronchitis and Emphysema	150	5.3
Violence (including accidents, suicide)	91	3.4
Pneumonia	147	5.5

Table 8
Mortality from all forms of Cancer in the past ten years

<i>Year</i>	<i>No. of Deaths</i>	<i>Death Rate per 1,000 population</i>
1963	454	2.5
1964	441	2.5
1965	463	2.6
1966	484	2.7
1967	489	2.7
1968	481	2.6
1969	489	2.6
1970	512	2.7
1971	510	2.7
1972	564	3.0

Table 9

Death from Cancer according to age, sex and classification during 1972

<i>Malignant Neoplasms</i>	0 - 14		15 - 24		25 - 44		45 - 64		65 - 74		75 and over		<i>Total</i>	
	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>
Buccal Cavity, etc.	—	—	—	—	—	1	2	—	1	2	2	1	5	4
Oesophagus	—	—	—	—	—	—	5	3	7	1	2	3	14	7
Stomach	—	—	—	—	—	1	8	6	22	9	14	14	44	30
Intestine	—	—	—	—	—	—	11	9	14	19	10	21	35	49
Larynx	—	—	—	—	—	—	1	—	—	—	1	—	2	—
Lung Bronchus	—	—	1	—	2	2	43	9	49	2	25	2	120	15
Breast	—	—	—	—	—	6	—	21	—	6	—	18	—	51
Uterus	—	—	—	—	—	4	—	9	—	6	—	5	—	24
Prostate	—	—	—	—	—	—	2	—	7	—	15	—	24	—
Other Malignant Neoplasms	—	1	—	—	1	2	28	15	20	18	14	21	63	57
Benign and Unspecified Neoplasms	—	1	—	—	—	1	—	—	2	—	—	1	2	3
Leukaemia	1	—	1	—	1	—	1	3	3	3	1	1	8	7
<i>Total all forms</i>	1	2	2	—	4	17	101	75	125	66	84	87	317	247

MATERNAL MORTALITY

Incidence of Maternal Mortality over the past decade

Table 10

<i>Year</i>	<i>Total Births (live and stillbirths)</i>	<i>No. of Maternal Deaths</i>	<i>Mortality per 1,000 Total Births (live and stillbirths)</i>
1963	2,892	Nil	Nil
1964	2,949	Nil	Nil
1965	2,830	Nil	Nil
1966	2,894	Nil	Nil
1967	2,875	1	0.34
1968	2,981	1	0.33
1969	2,921	1	0.34
1970	2,959	1	0.34
1971	3,019	Nil	Nil
1972	2,731	Nil	Nil

Table 11

Causes of Death and Distribution according to Districts

Causes	Abergele U.D.	Aled R.D.	Ceiriog R.D.	Colwyn Bay M.B.	Denbigh M.B.	Hiraethog R.D.	Llangollen U.D.	Llanrwst U.D.	Ruthin M.B.	Ruthin R.D.	Wrexham M.B.	Wrexham R.D.	Total
Enteritis and other diarrhoeal diseases	1	—	—	—	—	—	—	—	—	—	—	3	4
Tuberculosis of Respiratory System	1	—	—	—	—	—	—	—	—	—	—	2	3
Meningococcal infection	—	—	—	—	—	—	—	—	—	—	1	—	1
Syphilis and its sequelae	—	—	—	—	—	—	—	—	—	—	—	1	1
Other infective-and parasitic diseases	2	—	—	1	—	—	—	—	—	—	2	3	8
Malignant Neoplasm, Buccal Cavity, etc.	1	1	—	1	—	—	—	—	—	1	1	4	9
Malignant Neoplasm, Oesophagus	1	2	1	4	—	—	—	—	—	4	5	4	21
Malignant Neoplasm, Stomach	8	5	4	9	2	—	1	1	1	6	9	28	74
Malignant Neoplasm, Intestine	9	3	—	16	4	1	1	2	2	4	16	26	84
Malignant Neoplasm, Larynx	—	—	—	—	—	—	—	—	—	1	1	—	2
Malignant Neoplasm, Lung Bronchus	14	5	8	23	3	4	2	—	3	8	26	39	135
Malignant Neoplasm, Breast	6	1	3	14	1	2	1	—	1	2	7	13	51
Malignant Neoplasm, Uterus	1	1	2	3	—	—	1	1	—	1	5	9	24
Malignant Neoplasm, Prostate	4	—	1	2	1	—	—	—	1	—	5	10	24
Leukaemia	2	—	—	4	—	—	—	1	—	1	3	4	15
Other malignant neoplasms	12	1	2	21	9	1	2	3	6	8	16	39	120
Benign and unspecified neoplasms	—	1	—	—	—	—	1	1	—	1	—	1	5
Diabetes Mellitus	1	—	1	4	—	—	—	1	1	—	2	6	16
Avitaminoses, etc.	—	—	—	—	—	—	—	—	—	—	—	1	1
Other endocrine, etc. diseases	1	—	—	2	—	—	—	—	—	—	—	2	5
Anaemias	1	—	—	1	1	1	—	—	—	—	1	2	7
Other diseases of blood, etc.	—	—	—	—	1	—	—	—	—	—	—	—	1
Mental Disorders	—	—	—	—	1	—	—	—	—	1	—	—	2
Meningitis	—	—	—	—	—	—	—	—	—	—	2	—	2
Multiple Sclerosis	—	—	1	1	—	—	—	—	—	—	—	1	3
Other diseases of nervous system	4	3	—	—	2	—	—	—	—	—	1	4	14
Chronic Rheumatic Heart Disease	4	1	1	4	—	—	—	—	1	1	5	13	30
Hypertensive Disease	3	1	1	6	1	—	1	—	1	2	6	4	26

Table 11 (continued)

Causes of Death and distribution according to districts

Causes	Abergele U.D.	Aled R.D.	Ceiriog R.D.	Colwyn Bay M.B.	Denbigh M.B.	Hiraethog R.D.	Llangollen U.D.	Llanrwst U.D.	Ruthin M.B.	Ruthin R.D.	Wrexham M.B.	Wrexham R.D.	Total
Ischaemic Heart Disease	65	14	25	141	33	14	8	13	14	42	119	189	677
Other forms of Heart Disease	12	6	3	15	5	3	2	1	4	14	23	52	140
Cerebrovascular Disease	35	8	18	127	32	6	16	12	10	14	62	125	465
Other diseases of circulatory system	8	1	2	53	14	5	2	4	4	6	12	31	142
Influenza	1	—	—	1	2	—	—	—	—	2	4	7	17
Pneumonia	7	2	6	13	8	4	1	—	1	6	37	62	147
Bronchitis and Emphysema	11	4	4	18	9	6	3	3	5	1	28	58	150
Asthma	—	—	—	—	—	—	—	—	1	—	—	4	5
Other diseases of respiratory system	4	2	—	2	—	1	—	1	—	1	4	10	25
Peptic Ulcer	3	—	1	4	1	—	—	1	—	2	1	4	17
Appendicitis	—	—	—	—	1	—	—	—	—	—	—	1	2
Intestinal obstruction and hernia	1	—	1	—	1	—	—	—	—	1	1	6	11
Cirrhosis of liver	—	—	1	1	—	—	—	—	—	—	1	3	6
Other diseases of digestive system	4	—	1	4	2	—	—	1	1	3	4	7	27
Nephritis and Nephrosis	1	—	—	1	1	—	1	—	—	1	5	8	18
Hyperplasia of Prostate	1	1	—	2	—	—	—	—	—	—	—	5	9
Other diseases of Genito-urinary system	3	—	—	2	—	—	—	—	—	—	2	5	12
Diseases of skin, subcutaneous tissue	—	—	—	1	—	—	—	—	—	—	—	—	1
Diseases of musculo-skeletal system	—	—	—	2	1	—	1	—	—	—	1	2	7
Congenital anomalies	—	—	—	1	1	—	—	—	1	1	4	3	11
Birth injury, difficult labour, etc.	—	—	—	1	—	—	1	—	—	—	1	3	6
Other causes of perinatal mortality	1	—	—	—	—	—	—	—	—	1	2	4	8
Symptoms and ill-defined conditions	2	1	3	1	—	—	—	—	—	—	—	3	10
Motor vehicle accidents	2	—	1	4	1	—	—	1	—	3	6	21	39
Suicide and self-inflicted injuries	—	—	—	4	—	1	—	—	—	2	1	3	11
All other external causes	1	—	2	—	—	—	—	—	1	—	—	—	4
All other accidents	5	2	1	11	2	—	—	—	2	3	6	9	41
Total all causes	243	65	90	529	141	49	45	47	61	143	439	844	2696

Table 12
Congenital Defects — “At Risk” Register

<i>Number on Register at 1/1/72</i>	<i>Number notified during year</i>	<i>Number removed from Register</i>	<i>Number on Register at 31/12/72</i>
946	567	351	1,162

Table 13
**New Cases and Attendances
at Hospital Ante- and Post-Natal Clinics**

<i>Clinic</i>	<i>Ante-Natal</i>		<i>Post-Natal</i>	
	<i>New Cases</i>	<i>Attendances</i>	<i>New Cases</i>	<i>Attendances</i>
Rhos	134	840	52	56
Cefn Mawr	315	1,599	95	125
<i>Total</i>	449	2,439	147	181

Table 14
Family Planning Clinics — Cases and Attendances

<i>Location</i>	<i>Day and Time</i>	<i>No. of Cases</i>	<i>Attendances</i>
Nant-y-Glyn Colwyn Bay	Monday: 2.30 - 3.30 p.m. Thursday: 7.0 - 8.0 p.m.	560	1,342
1 Grosvenor Road, Wrexham	Thursday: 2.0 - 3.30 p.m. Wednesdays: 1st, 2nd, 3rd & 4th in month 6.45 - 8.0 p.m.	971	2,461
Ruthin Clinic, Mount Street	2nd Wed. 10.0 a.m. 4th Wed. 7.0 p.m.	83	142
Prince Charles Road, Wrexham	Tuesdays: 2.0 - 3.30 p.m.	222	638
County Clinic, Ruabon	Alternate Thurs.: 7.0 - 8.30 p.m. Alternate Mon.: 2.0 - 3.30 p.m.	144	201

Table 15
CHILD HEALTH CENTRES

Location	Frequency	Day and Time	Average attendance per session (children)	No. of children who attended during the year and who were born in		
				1972	1971	1967-70
Abergele, County Clinic	Weekly	Thur. a.m. p.m.	24	92	151	134
Brynteg, County Clinic	Weekly	Monday p.m.	26	74	40	52
Brymbo, County Clinic	Fortnightly	Thursday p.m.	16	47	22	20
Cefn, County Clinic	Weekly	Friday p.m.	48	168	160	93
Chirk, County Clinic	Weekly	Thursday p.m.	26	66	66	46
Coedpoeth, Church Hall	Weekly	Monday p.m.	35	91	105	83
Colwyn Bay, Nant-y-Glyn Road	Weekly	Tues. a.m. p.m.	17	165	70	64
Colwyn Bay, Church Room, Mochdre	Fortnightly	Monday p.m.	17	39	22	25
Colwyn Bay, Church House, Llysfaen	Monthly	Monday p.m.	15	27	21	9
Denbigh, County Clinic	Weekly	Wednesday p.m.	46	119	134	146
Glan Conway, Church Institute	Fortnightly	Monday p.m.	32	24	36	36
Glynceiriog, C.P. School	Fortnightly	Tuesday p.m.	8	46	90	93
Gresford, Memorial Hall	Fortnightly	Wednesday p.m.	28	32	67	57
Holt, Kenyon Hall	Fortnightly	Wednesday p.m.	14	13	17	24
Johnstown, Sports Pavilion	Twice Monthly	Tuesday p.m.	11	16	7	20
<i>Carried Forward</i>				1,019	1,008	902

Table 15 (continued)

Location	Frequency	Day and Time	Average attendance per session (children)	No. of children who attended during the year and who were born in	
				1972	1971 1967-70
<i>Brought forward</i>				1,019	1,008 902
Llansannan Community Centre	Monthly	Thursday p.m.	22	10	12 38
Llanddulas Youth Club	Monthly	Monday p.m.	16	18	1 5
Llangollen, Welfare House	Fortnightly	Tuesday p.m.	20	55	30 1
Llanrwst, County Clinic	Weekly	Tuesday p.m.	28	69	70 88
Llanrhaeadr Y.M. Infants' School	Fortnightly	Monday p.m.	8	9	12 38
Llay, County Clinic	Weekly	Wednesday p.m.	37	85	58 50
Rhos, County Clinic	Weekly	Wednesday p.m.	39	100	138 22
Rhos-on-Sea, Church House	Fortnightly	Tuesday p.m.	16	42	17 16
Gwersyllt, County Clinic	Weekly	Friday p.m.	37	137	105 57
Rhostyllen, Church Hall	Fortnightly	Monday p.m.	14	23	2 3
Rossett, County Clinic	Fortnightly	Wednesday p.m.	14	29	38 33
Ruabon, County Clinic	Weekly	Tuesday p.m.	18	51	32 28
Ruthin, County Clinic	Weekly	Tuesday p.m.	19	87	117 156
Kimmel Bay, Merchandise Hall	Fortnightly	Wednesday p.m.	17	31	35 29
Wrexham Hightown,	Weekly	Tuesday p.m.	31	90	27 4
<i>Carried Forward</i>				1,855	1,702 1,470

Table 15 (continued)

<i>Location</i>	<i>Frequency</i>	<i>Day and Time</i>	<i>Average attendance per session (children)</i>	<i>No. of children who attended during the year and who were born in</i>		
				1972	1971	1967-70
<i>Brought Forward</i>				1,855	1,702	1,470
Wrexham, Garden Village	Weekly	Wednesday p.m.	42	121	120	41
Wrexham, Prince Charles Road	Weekly	Mon, Thur. p.m.	29	234	265	203
Wrexham, 1 Grosvenor Road	Weekly	Mon., Wed. p.m.	19	135	20	6
Froncysyllte, Primitive Chapel	Monthly	Tuesday a.m.	10	9	7	10
Cerrigydrudion	Weekly	Thursday p.m.	6	12	12	6
<i>Total</i>				2,366	2,126	1,736

Table 16
MATERNITY AND CHILD WELFARE
DENTAL TREATMENT, 1972

(a) Number provided with Dental Treatment:

	<i>First visits for treat- ments during the year</i>	<i>Total visits</i>	<i>No. of courses of Treatment completed</i>
Expectant and Nursing Mothers	47	142	31
Children under 5 years of age	50	70	58

(b) Forms of Dental Treatment provided:

	<i>Extractions</i>	<i>General Anaesthetics</i>	<i>Fillings</i>	<i>Patients treated by scaling</i>	<i>Patients X-rayed</i>	<i>Dentures provided</i>
Expectant and Nursing Mothers	177	42	31	7	8	25
Children under 5 years of age	103	43	25	—	—	—

Table 17
Premature Live and Still Births

<i>Weight</i>	<i>Number of Premature Births</i>		<i>Of those born alive</i>			
	<i>Born dead</i>	<i>Born alive</i>	<i>No. died within 24 hours of birth</i>	<i>No. died in 1 and under 7 days</i>	<i>No. died in 7 and under 28 days</i>	<i>No. sur- vived</i>
2lb. 3oz. or less	1	7	2	1	—	4
Over 2lb. 3oz. and up to 3lb. 4oz.	5	13	3	—	—	10
Over 3lb. 4oz. and up to 4lb. 6oz.	—	17	1	1	—	15
Over 4lb. 6oz. and up to 4lb. 15oz.	—	29	1	—	—	28
Over 4lb. 15oz. and up to 5lb. 8oz.	2	66	—	—	—	66
<i>Total</i>	8	132	7	2	—	123

Table 18
**MATERNITY CASES DISCHARGED FROM HOSPITAL
BEFORE 10th DAY**

	0 - 72 hours		4 - 6 days		7 - 10 days		Total	
	<i>No. of cases</i>	<i>No. of visits</i>	<i>No. of cases</i>	<i>No. of visits</i>	<i>No. of cases</i>	<i>No. of visits</i>	<i>No. of cases</i>	<i>No. of visits</i>
1st Quarter	132	1,246	230	1,240	152	374	514	2,860
2nd Quarter	141	1,315	267	1,450	168	451	576	3,216
3rd Quarter	158	1,478	212	1,151	154	385	524	3,014
4th Quarter	140	1,345	235	1,273	184	472	559	3,090
Total for year	571	5,384	944	5,114	658	1,682	2,173	12,180

Table 19
MIDWIVES PRACTISING AT 31st DECEMBER, 1972

<i>Employing Authority</i>	<i>No. of Midwives employed whole or part-time</i>
Local Health Authority:	
<i>Supervisory</i>	3
<i>Domiciliary</i>	44
<i>Mother and Baby Home</i>	—
Private Practice:	
<i>Domiciliary</i>	—
<i>Private Nursing Home</i>	—
Hospital Service:	
Welsh Hospital Board	84

Table 20
MIDWIFERY SERVICE

<i>Number of cases delivered in hospitals and other Institutions but discharged and attended by domiciliary midwives</i>	<i>Discharged within</i>	
	Two days	188
	Three to seven days	1,585
	Eight or more days	470
	<i>Total</i>	2,173
Number of domiciliary confinements attended by midwives under N.H.S. arrangements		157
Number of hospital confinements conducted by domiciliary midwives		9

Table 21
SUMMARY OF WORK OF HEALTH VISITORS

<i>Area</i>	<i>No. of Health Visitors</i>	<i>No. of Visits to children under 1 year</i>		<i>No. of Visits to children 1 - 5 years</i>	<i>Persons aged 65 or over</i>	<i>All other visits</i>
		<i>First Visits</i>	<i>Total Visits</i>			
Eastern No. 1	14	1,071	4,729	6,823	2,196	1,471
Eastern No. 2	8	697	2,983	4,278	914	1,178
Western No. 1	8	518	1,746	3,731	2,592	1,021
Western No. 2	7	511	2,001	4,009	1,058	805
Total	37	2,797	11,459	18,841	6,760	4,475

TABLE 22
Summary of Cases attended and visited by Home Nurses
during 1972

	0 - 4 years	5 - 64 years	65 years and over	Total
No. of cases	200	2,984	4,596	7,780
No. of Visits by Home Nurses	808	34,812	100,583	136,203
No. of Visits by Nursing Auxiliaries	13	790	8,430	9,233

Table 23
Smallpox Vaccinations

<i>Age at date of Vaccination</i>	<i>Primary Vaccinations</i>	<i>Re-vaccinations</i>
0 - 12 months	2	—
1 year	53	—
2 - 4 years	58	—
5 - 15 years	36	39
<i>Totals</i>	149	39

Table 24

Numbers immunised against Diphtheria, Whooping Cough, Tetanus, Poliomyelitis, Measles and Rubella during 1972

Year of birth	Diphtheria		Whooping Cough		Tetanus		Poliomyelitis		Measles	Rubella
	Primary	Booster	Primary	Booster	Primary	Booster	Primary	Booster		
1972	34	—	17	—	34	—	17	—	12	—
1971	1,674	5	1,659	—	1,674	5	1,650	5	645	—
1970	591	20	570	—	612	20	537	2	378	—
1969	74	17	50	—	75	18	67	14	70	—
1965-68	81	1,250	14	—	86	1,253	101	1,274	98	—
Others under age 16	34	415	—	—	72	463	29	739	47	646
Total	2,488	1,707	2,310	—	2,553	1,759	2,401	2,034	1,250	646

Table 25
VACCINATION AND IMMUNISATION OF CHILDREN
IMMUNITY INDEX

	<i>Percentage of children born in 1970 and vaccinated by 31.12.72</i>		
	<i>Whooping Cough</i>	<i>Diphtheria</i>	<i>Polio myelitis</i>
	(1)	(2)	(3)
Denbighshire	75	76	72
Wales	75	78	78
England and Wales	78	81	80

Table 26
AMBULANCE SERVICE

	<i>Patients conveyed</i>	<i>Miles travelled</i>
By Ambulance	Stretcher cases 17,051	639,807
	Sitting cases 73,598	
By Sitting Case Car	Sitting cases 54,387	363,863
<i>Grand Total: 1972</i>	145,036	1,003,670
<i>Grand Total: 1971</i>	142,536	1,030,936

Table 27
Schoolchildren Tuberculin tested and given B.C.G. Vaccination

	<i>No. tuberculin tested</i>	<i>No. found tuberculin positive</i>	<i>No. found tuberculin negative</i>	<i>No. vaccinated with B.C.G.</i>
1972	1,664	121	1,498	1,498
1971	1,754	234	1,448	1,448

Table 28

TUBERCULOSIS NOTIFICATIONS
AGE AND SEX DISTRIBUTION

<i>Age</i>	<i>Respiratory</i>			<i>Non-Respiratory</i>		
	<i>M</i>	<i>F</i>	<i>Total</i>	<i>M</i>	<i>F</i>	<i>Total</i>
Under 1 year	—	—	—	—	—	—
1 year	—	1	1	—	—	—
2 - 4 years	—	—	—	—	—	—
5 - 9 years	1	—	1	—	—	—
10 - 14 years	—	1	1	—	—	—
15 - 19 years	2	—	2	—	—	—
20 - 24 years	1	—	1	—	1	1
25 - 34 years	1	1	2	—	—	—
35 - 44 years	1	2	3	—	1	1
45 - 54 years	2	2	4	—	—	—
55 - 64 years	—	1	1	—	—	—
65 - 74 years	1	—	1	—	—	—
75 and over	2	—	2	—	—	—
<i>Total</i>	11	8	19	—	2	2

Total No. of Notifications during 1972 21

No. of new contacts seen of new cases notified 165

No. of contacts notified of this number 1

Table 29
TUBERCULOSIS
Number of Cases on the County Tuberculosis Register for the years 1962 - 1972

Year	No. on Register		Deaths		Death Rate per Million of Population	
	Respiratory	Non-Respiratory	Respiratory	Non-Respiratory	Total	County of Denbigh
1962	1,158	136	19	—	19	109.1
1963	1,154	122	2	1	3	17.2
1964	1,121	146	7	1	8	45.2
1965	1,063	152	3	2	5	28.0
1966	959	146	10	4	14	78.1
1967	840	102	8	—	8	44.5
1968	635	71	7	2	9	49.5
1969	494	63	10	5	15	82.4
1970	439	58	4	—	4	22.4
1971	393	55	9	—	9	48.7
1972	331	48	3	—	3	16.1

Table 30

Active cases on Registers according to County Districts, 31st December, 1972

District	No. of cases of Tuberculosis on register at commencement of year		No. of cases added to register during year		No. of cases removed from register during year		No. of cases remaining on register at end of year	
	Respiratory	Non-Respiratory	Respiratory	Non-Respiratory	Respiratory	Non-Respiratory	Respiratory	Non-Respiratory
Western No. 1: Abergele U.D.	Males	—	5	—	5	—	19	—
	Females	2	1	1	1	1	21	2
Colwyn Bay M.B.	Males	2	2	—	5	1	20	1
	Females	5	1	1	4	1	15	5
Aled R.D.	Males	1	—	—	1	—	9	1
	Females	2	1	—	—	—	3	2
Western No. 2: Denbigh M.B.	Males	—	—	—	4	—	20	—
	Females	1	—	—	4	—	11	1
Llanrwst U.D.	Males	—	—	—	—	—	7	—
	Females	3	2	—	—	—	5	3
Ruthin M.B.	Males	2	—	—	—	—	—	2
	Females	—	1	—	—	—	2	—
Hiraethog R.D.	Males	3	2	—	2	—	7	3
	Females	1	—	—	—	—	—	1
Ruthin R.D.	Males	1	—	—	1	—	14	1
	Females	4	1	—	1	—	5	4
Carried forward		170	27	16	2	28	158	26

Table 30 (continued)

District	No. of cases of Tuberculosis on register at com- mencement of year		No. of cases added to register during year		No. of cases re- moved from regis- ter during year		No. of cases re- maining on regis- tering at end of year	
	Respira- tory	Non- Respira- tory	Respira- tory	Non- Respira- tory	Respira- tory	Non- Respira- tory	Respira- tory	Non- Respira- tory
Eastern No. 1: Wrexham R.D.	<i>Brought Forward</i>		16	2	28	3	158	26
	Males	27	5	1	17	2	67	3
	Females	10	3	1	14	4	31	7
Ceiriog R.D.	Males	11	1	—	1	—	11	1
	Females	2	—	—	—	—	—	2
Llangollen U.D.	Males	2	—	—	—	—	2	1
	Females	—	2	—	—	—	2	—
Eastern No. 2: Wrexham M.B.	Males	62	1	—	23	2	40	3
	Females	27	—	—	7	—	20	5
Totals	393	55	28	4	90	11	31	48

Table 31

Comparative Death Rates from Respiratory Tuberculosis in the Rural and Urban Districts, Administrative County and England and Wales for 1972 and each of the preceding nine years

Year	Death Rate per 100,000 of the Population			
	Urban	Rural	Whole County	England and Wales
1963	1.1	1.1	1.1	5.6
1964	3.4	4.4	3.9	4.7
1965	3.4	1.1	2.2	4.2
1966	5.6	5.5	5.5	4.3
1967	6.6	2.2	4.5	3.7
1968	2.2	5.5	3.9	3.0
1969	3.2	7.4	5.5	2.2
1970	1.1	3.4	2.2	1.9
1971	5.2	4.4	4.9	1.9
1972	1.1	2.2	1.6	2.0

TABLE 32
VENEREAL DISEASES
Number of Patients attending Centres during 1972

	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>&ther Conditions</i>	<i>Total Total</i>
Llandudno General Hospital	—	8	33	41
Wrexham War Memorial	—	30	125	155
<i>Totals</i>	—	38	158	196

TABLE 33
CHIROPODY

<i>No. of Persons on register at 31.12.72</i>	<i>No. of Persons treated during 1972</i>	<i>No. of Sessions</i>	<i>Total Attendances</i>
3,971	3,854	1,974	10,281

Home Visits during the year: 80

TABLE 34
BLIND PERSONS

	<i>Males</i>	<i>Females</i>
No. of Cases on Register at 31.12.72	137	211
No. of cases ascertained during 1972	14	36
No. of cases ascertained during 1972 with:		
(a) Cataract	5	10
(b) Glaucoma	2	12
No. of cases of Blindness due to Retro- lental Fibroplasia	—	—

Table 35

EPILEPTICS

Number of Ascertained Epileptics according to age and sex distribution and in Residential Accommodation

<i>Age</i>	<i>Number Ascertained</i>		<i>Number in Residential Accommodation</i>	
	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>
0 - 10	25	25	1	—
10 - 15	47	50	—	—
16 - 29	12	4	1	—
30 - 49	6	5	2	1
50 and over	6	4	4	4

TABLE 36

SPASTICS

Number of Ascertained Spastics according to Age and Sex Distribution and in Residential Accommodation

<i>Age</i>	<i>Number Ascertained</i>		<i>Number in Residential Accommodation</i>	
	<i>Male</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>
0 - 10	20	14	1	2
10 - 15	12	13	3	3
16 - 29	16	14	3	2
30 - 49	7	7	2	—
50 and over	2	3	1	1

Table 37

APPLICANTS FOR DRIVING LICENCES

<i>Provisional Diagnosis</i>	<i>No. of referrals</i>	<i>No. examined</i>	<i>Recommendation</i>		<i>Appli- cation withdrawn</i>
			<i>Fit to Drive</i>	<i>Not fit to Drive</i>	
Epilepsy	34	21	25	6	3
Diabetes Mellitus	13	2	13	—	—
Mental Illness	5	2	3	2	—
Physical Disability	24	16	19	3	2
Visual Defects	2	2	1	1	—
<i>Total</i>	78	43	61	12	5

Table 38

MEDICAL EXAMINATIONS

	<i>Male</i>		<i>Female</i>		<i>Total</i>	
	<i>Full Medical</i>	<i>Medical Question- naire</i>	<i>Full Medical</i>	<i>Medical Question- naire</i>	<i>Full Medical</i>	<i>Medical Question- naire</i>
A. Staff						
Teachers	20	79	39	144	59	223
Ambulance Service	46	—	—	—	46	—
Fire Service	61	—	1	—	62	—
Other Staff, Den- bighshire County Council	60	102	225	539	285	641
H.G.V. Drivers	31	—	—	—	31	—
B. Others:						
Entrants to Col- leges of Education	107	—	191	—	298	—
Llandrillo College	37	—	19	—	56	—
<i>Total :</i>	362	181	475	683	837	864

Table 39

CYTOLOGY SERVICE

Examinations made during the year 1972

	No. examined				Cytological Diagnosis					Other Abnormalities			
	Local Authority Clinic	Hospital	Family Planning	G.P. Surgery	New Cases	Total	Negative	Suspicious	Positive	Unsatisfactory	Urine	Breasts	Raised B.P.
East Denbighshire	1,115	1,287	632	969	2,225	1,778	3,511	4	8	480	21	35	65
West Denbighshire	403	4	279	478	860	304	1,152	1	1	10	4	13	32
Total	1,518	1,291	911	1,447	3,085	2,082	4,663	5	9	490	25	48	97

Table 40

INFECTIOUS DISEASES

Particulars respecting notifications received during 1972 and for comparative purposes the nine preceding years are shown

	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
Scarlet Fever	36	79	67	62	67	48	59	30	35	32
Whooping Cough	82	116	21	45	160	61	5	65	64	3
Measles	1,222	1,160	1,556	731	1,328	904	371	1,277	698	583
Acute Pneumonia	10	24	10	8	13	3	—	—	—	—
Meningococcal Infection	3	1	1	2	—	—	—	3	3	5
Acute Poliomyelitis :										
Paralytic	—	1	—	—	—	—	—	—	—	—
Non-Paralytic	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis :										
Infective	—	—	—	—	—	—	—	1	—	—
Post - Infectious	1	—	—	1	—	—	—	16	14	40
Dysentery	80	5	426	95	10	44	85	—	—	—
Ophthalmia Neonatorum	1	1	1	1	3	1	—	—	—	—
Puerperal Pyrexia	14	30	13	7	6	6	1	—	—	—
Paratyphoid Fever	3	—	5	1	1	—	—	—	1	1
Food Poisoning	6	19	16	24	74	128	26	52	47	95
Erysipelas	1	9	6	9	2	4	—	1	—	—
Respiratory Tuberculosis	68	53	62	32	47	40	20	26	28	19
Non-Respiratory Tuberculosis	7	9	9	10	12	3	4	7	5	2
T.B. Meninges and C.N.S.	—	2	4	—	1	1	—	—	—	—
Infective Jaundice	—	—	—	—	—	2	26	110	33	7
T.B. Notification after death	—	—	—	—	—	3	1	1	1	—
Malaria	—	—	—	—	—	—	—	2	—	—
Typhoid Fever	—	—	—	—	—	—	—	—	—	—
Leptospirosis	—	—	—	—	—	—	2	—	—	—
Acute Meningitis	—	—	—	—	—	—	2	1	—	—
Tetanus	—	—	—	—	—	—	1	—	—	—
<i>Total</i>	1,534	1,500	2,197	1,028	1,725	1,248	604	1,590	931	788

Table 41
The Allocation of the several Infectious Diseases to the County Districts is shown in the following Table:

Area													
	Meningococcal Infection	Scarlet Fever	Whooping Cough	Measles	Respiratory Tuberculosis	Non-Respiratory Tuberculosis	Dysentery	Food Poisoning	Infective Jaundice	Malaria	Typhoid Fever	Paratyphoid Fever	
Western No. 1 :													
Colwyn Bay	1	—	—	35	3	1	—	1	—	—	—	—	
Aled	—	4	—	18	—	—	—	—	—	—	—	—	
Abergele	—	—	2	16	4	—	—	—	—	—	—	—	
Western No. 2 :													
Ruthin Borough	1	—	—	104	—	—	1	—	—	—	—	—	
Ruthin Rural	—	1	—	65	—	—	1	19	—	—	—	1	
Hiraethog	—	—	—	3	2	—	—	2	—	—	—	—	
Llanrwst	—	—	—	2	2	—	8	2	—	—	—	—	
Denbigh	—	—	—	12	—	—	—	64	—	—	—	—	
Eastern No. 1 :													
Wrexham R.D.C.	—	13	1	129	6	1	5	4	4	—	—	—	
Ceiriog	—	4	—	40	1	—	—	—	—	—	—	—	
Llangollen	—	—	—	—	—	—	—	—	—	1	—	—	
Eastern No. 2 :													
Wrexham Borough	3	10	—	159	1	—	25	3	3	—	—	—	
Total	5	32	3	583	19	2	40	95	7	1	—	1	

TABLE 42
REGISTRATION OF NURSING HOMES

	<i>Number of Homes</i>	<i>Number of beds provided for</i>		
		<i>Maternity</i>	<i>Others</i>	<i>Total</i>
Homes first registered during the year	1	—	50	50
Total Homes on the register at the end of year	14	24	189	213

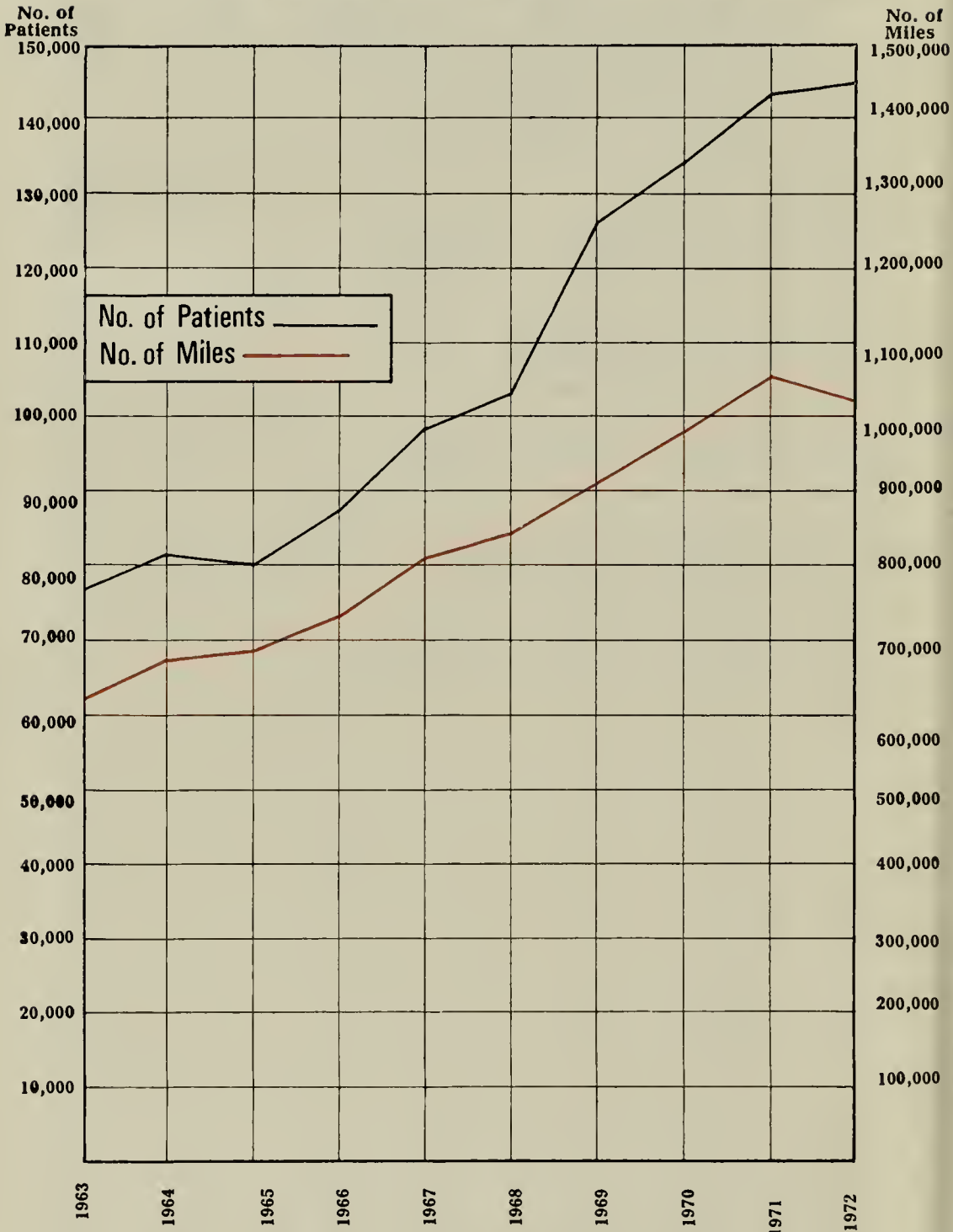
TABLE 43
MILK SAMPLING

		1970	1971	1972
a,	No. of Herd samples of Untreated Milk taken	881	981	905
	No. giving positive Brucella Ring Test result	83	46	51
	No. of individual cow samples of Untreated Milk	—	690	728
	No. giving positive Brucella Ring Test results	—	92	99
	No. giving positive cultures of Brucellosis	—	21	44
b)	No. of samples of Pasteurised Milk taken	327	360	356
	No. failing Methylene Blue Test	16	14	6
	No. failing Phosphate Test	2	2	<i>Nil</i>
(c)	No. of samples of Sterilised Milk taken	4	29	25
	No. failing Turbidity Test	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>
(d)	No. of samples of U.H.T. Milk taken *	—	14	14
	No. failing Colony Count Test *	—	<i>Nil</i>	<i>Nil</i>

* U.H.T. Milk was not available in the County prior to 1971

TABLE 44

A Graph showing the number of patients carried and miles travelled annually by Ambulances and Sitting Case Cars.



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